Structured Decision Making®
Policy and Procedures Manual

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California
Department of Social Services

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Children's Research Center is a nonprofit social research organization and
a division of the National Council on Crime and Delinquency.

CALIFORNIA
STRUCTURED DECISION MAKING® MODEL
GOALS

Overall Goals:

1. Safety
2. Permanency
3. Well-being

System Goals:

1. Reduce the rate of subsequent abuse/neglect referrals and substantiations.
2. Reduce the severity of subsequent abuse/neglect complaints or allegations.
3. Reduce the rate of foster care placement.
4. Reduce the length of stay for children in foster care.

Process Goals:

1. Improve assessments of family situations to better ascertain the protection needs of children.
2. Increase consistency and accuracy in case assessment and case management among child abuse/neglect staff within a county and among counties.
3. Increase the efficiency of child protection operations by making the best use of available resources.
4. Provide management with needed data for program administration, planning, evaluation, and budgeting.

CALIFORNIA
STRUCTURED DECISION MAKING® ASSESSMENT
DEFINITIONS

1. Caregiver: Adults, parents, or guardians in the household who provide care and supervision for the child.

Circumstance	Primary Caregiver	Secondary Caregiver
Two legal parents living together	Provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent
Single parent, no other adult in household	The only parent	None
Single parent and any other adult living in household	The only legal parent	Another adult in the household who contributes the most to care of the child. If none of the other adults contribute to child care, there is no secondary caregiver.

2. Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by family.

3. Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

   WHICH HOUSEHOLD IS ASSESSED? Structured Decision Making® (SDM) assessments are completed on households. When a child's parents do not live together, the child may be a member of two households.

   Always assess the household of the alleged perpetrator. This may be the child's primary residence if it is also the residence of the alleged perpetrator, or the household of a non-custodial parent if it is the residence of the alleged perpetrator.

   Conditionally:

   - If the alleged perpetrator is a non-custodial parent, also assess the custodial parent *if there is an allegation of failure to protect*.

   - If a child is being removed from a custodial parent, *also assess any non-custodial parent identified* if he/she will receive child welfare services.

CALIFORNIA
STRUCTURED DECISION MAKING®
OVERVIEW

See policy and procedures sections for each tool for complete details.

Decision	SDM® Tool		Which Cases	Who	When
Accept referral for in-person response?	Hotline Tools	Screening tool	All referrals created in CWS/CMS	Worker receiving referral	Immediately
How quickly to respond?		Response priority	All referrals assigned an in-person response.		Immediately
Path of response*		Path decision tool—evaluate out	All referrals that are evaluated out.	Worker receiving referral OR designated differential response worker	Within five days
		Path decision tool—in-person response	All referrals assigned an in-person response.		Immediately if RP = 24 hours; within 24 hours if RP = ten days
Can the child remain safely at home?	Safety assessment**		All in-person responses	Assigned worker	ALWAYS: prior to completing first face-to-face (record within 48 hours). Additional requirements: see page 43 and 57
Should an ongoing case be opened? At what service level?	Risk assessment		RECOMMENDED: all in-person responses. REQUIRED: all substantiated and inconclusive in-person responses.	Assigned worker	Within 30 calendar days of first face-to-face contact.
Focus of case plan	Family strengths and needs assessment		All open cases	Worker responsible for case plan.	Initial: Prior to initial case plan Review: Voluntary, within 30 days prior to case plan; court, within 65 days prior to case plan
Can case be closed? If not, what level of service?	Risk reassessment		All open cases where ALL children are in the home.	Assigned worker	Division 31 = review every six months. Involuntary cases = No more than 30 calendar days prior to case plan completion or case closure recommendation. Involuntary cases = No more than 65 calendar days prior to case plan completion or case closure recommendation. All cases = sooner if new circumstances or new information that affects risk.
Can child be returned home, or should reunification efforts continue, or should permanency goal be changed?	Reunification reassessment		Cases with at least one child in out-of-home care with goal of return home.	Assigned worker	Division 31 = review every six months. No more than 65 calendar days prior to case plan completion or reunification recommendation or permanency plan change. Sooner if new circumstances or new information that affects risk.

*Differential response counties only

**Standard safety assessment is used for all referrals except substitute care providers. The substitute care provider safety assessment is used when the referral alleges maltreatment by a substitute care provider.

Referral Name: _____ **Referral #:** _____-_____-_____-_____

Date: _____/_____/_____ **County:** _____

If review of screening criteria is not required, go directly to B. Screening Decision.

STEP I. APPROPRIATENESS OF A CHILD ABUSE/NEGLECT REPORT FOR RESPONSE

A. Screening Criteria *(Elicit reporter's concerns and mark all that apply.)*

PHYSICAL ABUSE

☐ Non-accidental injury
- ☐ Death of child/another child in home (automatic 24 hour)
- ☐ Severe (automatic 24 hour)
- ☐ Other injury (go to Physical Abuse Tree)

☐ Cruel or excessive corporal punishment (go to Physical Abuse Tree)

☐ Threat of physical abuse (go to Physical Abuse Tree)
- ☐ Threats of physical harm
- ☐ Dangerous behavior toward child or in immediate proximity of child
- ☐ Prior death of a child due to abuse or neglect and new child in the home

EMOTIONAL ABUSE (go to Emotional Abuse Tree):

☐ Caregiver actions have led to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others

☐ Threat of emotional abuse
If marked, report is related to:
- ☐ Domestic violence
- ☐ Bizarre or cruel behavior
- ☐ Caregiver's mental health concerns
- ☐ Caregiver's substance abuse concerns

NEGLECT

☐ Severe neglect (automatic 24 hour)
- ☐ Diagnosed malnutrition
- ☐ Non-organic failure to thrive
- ☐ Child's health/safety is endangered
- ☐ Unexplained and/or suspicious death of a child and there are other children in the home.

☐ General neglect (go to Neglect Tree)
- ☐ Inadequate food
- ☐ Inadequate clothing
- ☐ Inadequate/hazardous shelter
- ☐ Inadequate supervision
- ☐ Inadequate medical/mental health care
- ☐ Child has no parent or guardian capable of providing appropriate care
- ☐ Failure to protect

☐ Threat of neglect (go to Neglect Tree)
- ☐ Prior failed reunification or severe neglect, and new child in household
- ☐ Allowing child to use alcohol or other drugs
- ☐ Prenatal substance use
- ☐ Other high risk birth

SEXUAL ABUSE (go to Sexual Abuse Tree)

☐ Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator
☐ Sexual act(s) among siblings or other children living in the home
☐ Sexual exploitation

☐ Threat of sexual abuse
  ☐ Known or highly suspected sexual abuse perpetrator lives with child
  ☐ Severely inappropriate sexual boundaries

B. Screening Decision

☐ Evaluate out: no criteria are marked
For differential response counties, proceed to Step III, Option A. Path Decision for Evaluate Out.
For counties not implementing differential response, stop: no further SDM assessments required.

☐ In-person response: one or more criteria are marked
Proceed to Step II. Response Priority

☐ Review of criteria not required

OVERRIDES:

☐ In-person response: no criteria are marked, but report will be opened as a referral. No further SDM assessments required. Mark any that apply:
  ☐ Courtesy interview at law enforcement's request
  ☐ Residency verification
  ☐ Response required by court order
  ☐ Local protocol (specify): _____
  ☐ Other (specify): _____

☐ Evaluate out: one or more criteria are marked, but referral will be evaluated out. No further SDM assessments required. Mark all that apply:
  ☐ Insufficient information to locate child/family.
  ☐ Another community agency has jurisdiction
  ☐ Historical information only

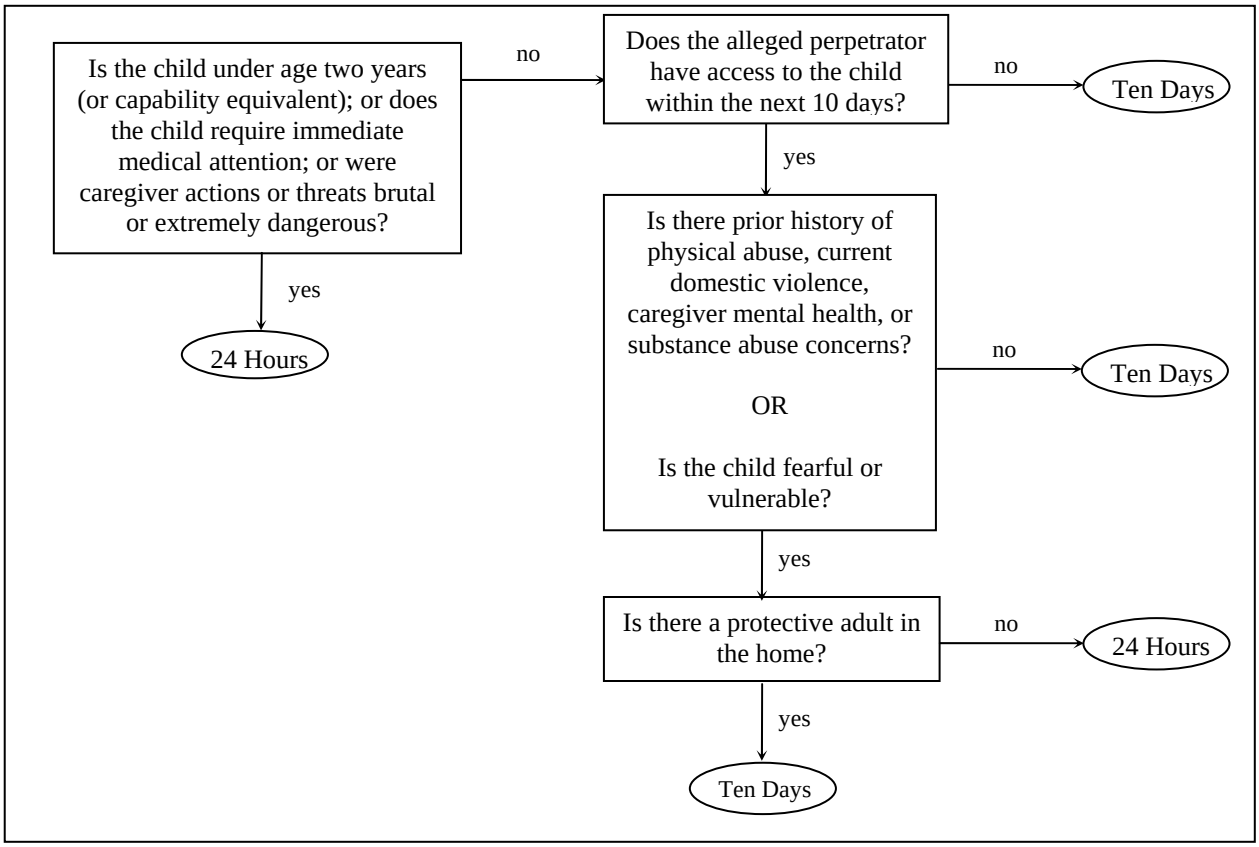
STEP II. RESPONSE PRIORITY r: 10-07

Mark if applicable:
- ☐ Allegation concerns maltreatment by current substitute care provider AND county policy requires response within 24 hours (automatic 24 hour)
- ☐ Child is already in custody (automatic 24 hour)

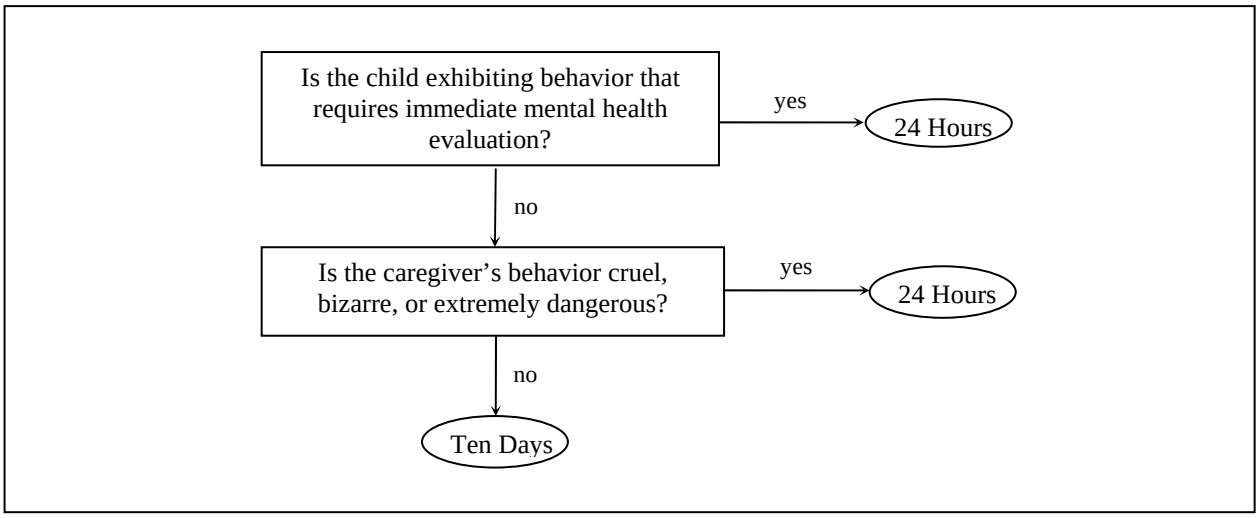
If not applicable, complete the appropriate decision tree(s).

DECISION TREES:

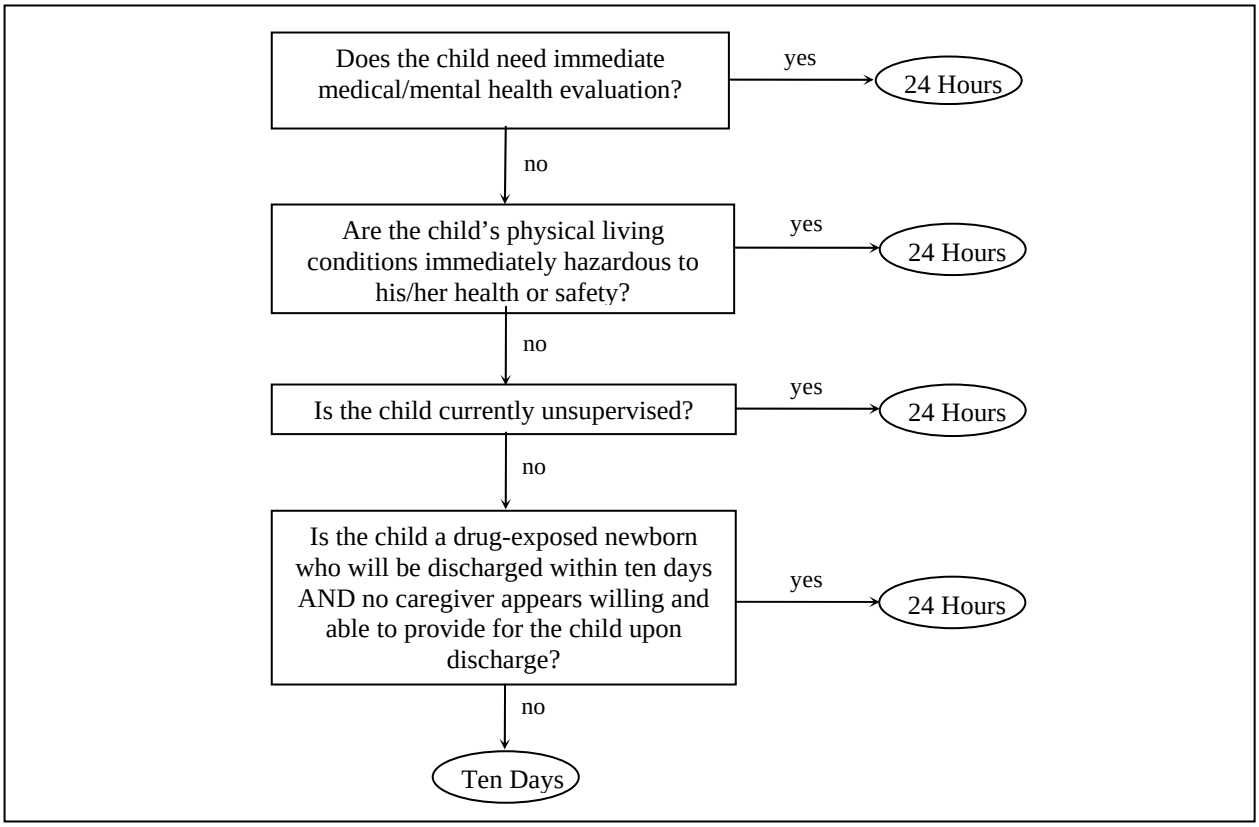
Physical Abuse



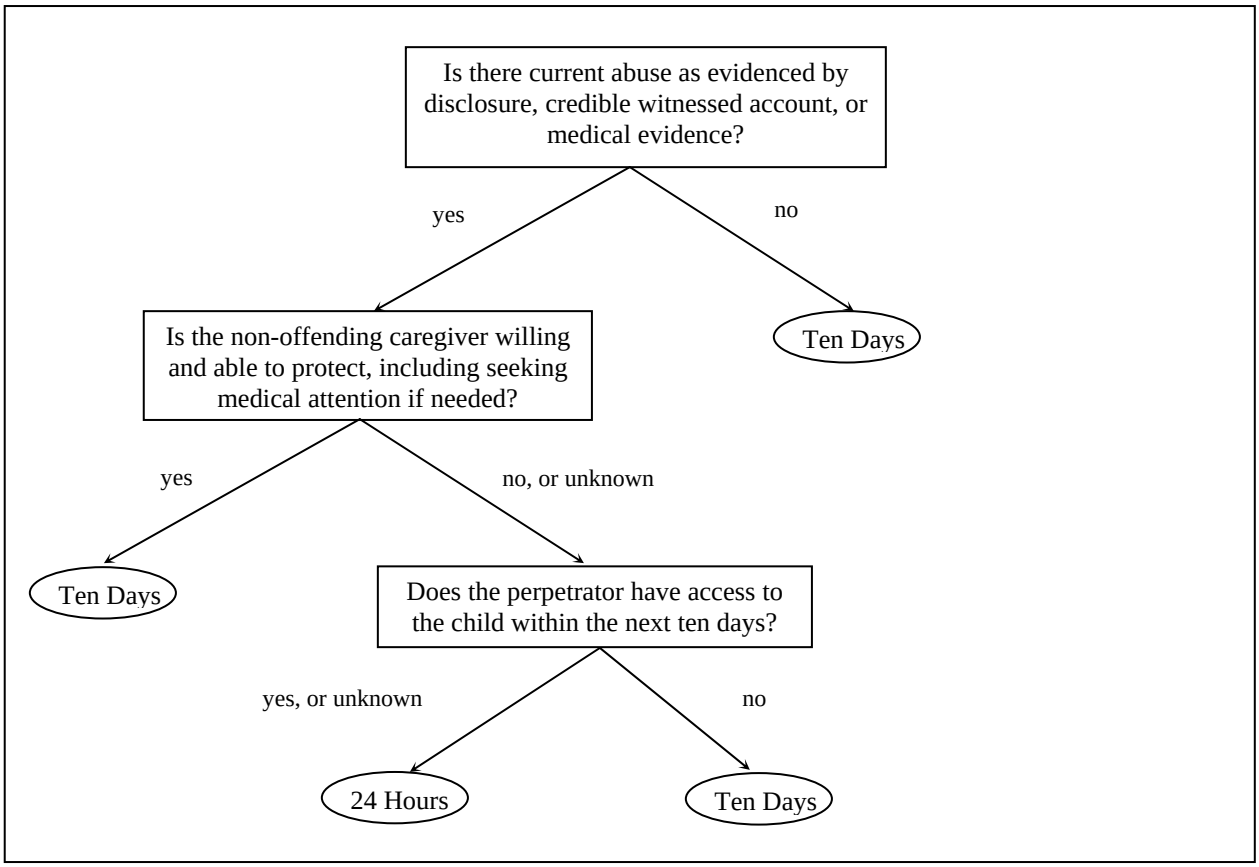
Emotional Abuse



Neglect



Sexual Abuse



OVERRIDES:

Policy

- Increase to 24 hour whenever:
  - ☐ Law enforcement is requesting immediate response
  - ☐ Forensic considerations would be compromised by slower response
  - ☐ There is reason to believe that the family may flee

- Decrease to ten day whenever:
  - ☐ Child safety requires a strategically slower response
  - ☐ The child is in an alternative safe environment
  - ☐ The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period

Discretionary

☐ Increase OR

☐ Decrease response level (requires supervisory approval)

Reason: _____

Final Response Priority: ☐ 24 hours ☐ Ten days

FIELD UPDATE

To be completed, if needed based on new or additional information, by field supervisor. Mark only decisions that have changed.

NEW DECISIONS

SCREENING: ☐ Evaluate out

RESPONSE PRIORITY: ☐ 24 hour ☐ Ten day

PATH: ☐ No response ☐ Path 1 ☐ Path 2 ☐ Path 3

BASIS: (State reason for change based on SDM criteria and new or additional information):

_____

STEP III.

OPTION A: PATH DECISION FOR EVALUATE OUT (For differential response counties only.) Review the following factors/considerations when making the path decision. Mark "yes" or "no" for each as applicable, based on information reported and/or available at the time of referral. If unknown at the time of report, answer "no":

Yes No

☐ ☐ Prior investigations (indicate number of prior investigations):
- ☐ One or two
- ☐ Three or more

☐ ☐ Prior failed reunification, or death of a child not due to abuse or neglect

☐ ☐ Current caregiver substance abuse, domestic violence, or mental health issues

☐ ☐ Identified need that can be addressed with community services
- ☐ Clothing ☐ Housing
- ☐ Counseling ☐ Medical
- ☐ Education ☐ Food
- ☐ Financial ☐ Other (specify): _____

☐ ☐ Other (specify): _____

Path Decision (mark one): ☐ No response ☐ Path 1

OPTION B: PATH DECISION FOR IN-PERSON RESPONSE (For differential response counties only.) Review the following factors/considerations when making the path decision. Mark "yes" or "no" for each as applicable based on information reported and/or available at the time of referral. If unknown at the time of report, answer "no":

(If response priority = 24 hours)
Apply automatic Path 3? ☐ Yes ☐ No

Yes No

☐ ☐ Likelihood of caregiver arrest or juvenile court involvement as a result of alleged incident

☐ ☐ Allegation involves sexual abuse

☐ ☐ Prior investigations (indicate number of prior investigations):
- ☐ One or two
- ☐ Three or more

☐ ☐ Prior child protective services (previous ongoing case)

☐ ☐ Four or more alleged child victims

☐ ☐ Caregiver has a current mental health issue:
- ☐ Primary caregiver
- ☐ Secondary caregiver
- ☐ Both caregivers

☐ ☐ Primary caregiver has a history of abuse/neglect as a child

☐ ☐ Any child with:
- ☐ mental health/behavioral problems
- ☐ developmental or physical disability
- ☐ medically fragile or failure to thrive
- ☐ positive toxicology screen at birth
- ☐ delinquency history

☐ ☐ Housing is unsafe, or family is homeless

☐ ☐ Prior injury to a child due to abuse or neglect

☐ ☐ Domestic violence in the last 12 months

☐ ☐ Caregiver has a current substance abuse issue:
- ☐ Primary caregiver
- ☐ Secondary caregiver
- ☐ Both caregivers

☐ ☐ Other (specify): _____

Path Decision (mark one): ☐ Path 2 ☐ Path 3

CALIFORNIA
HOTLINE TOOLS
DEFINITIONS

STEP I. APPROPRIATENESS OF A CHILD ABUSE/NEGLECT REPORT FOR RESPONSE

A. Screening Criteria

PHYSICAL ABUSE

Non-accidental injury
An injury is non-accidental if it was inflicted willfully or as a result of punishment. If the reporter does not know how a reported injury was caused, consider the allegation to be a non-accidental injury. If the reporter does not know whether the caregiver's behavior resulted in an injury, do not mark as injury. Include injuries that result from a domestic violence incident. Do not include injuries that result from sexual acts.

- Death of child/another child in home. In the current investigation.

- Severe. A severe injury is one that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death. Include visible injuries and suspected injuries due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc.

- Other injury. Any visible or suspected injury that is not severe.

Cruel or excessive corporal punishment
Corporal punishment that is cruel or excessive. It is not required that an injury occurred. Corporal punishment includes direct physical contact with the child, exposing the child to physical elements, or requiring physical activity from the child that exceeds the child's ability to perform, such as standing on one leg for extended periods of time. Actions by caregiver are cruel or excessive if they reasonably could have caused harm to a child but did not, such as hitting a child in the abdomen, even though no injury resulted.

Threat of physical abuse
No event has occurred; however, the caregiver behaves in ways that create substantial likelihood that the child will be physically abused.

- Threats of physical harm. The caregiver has made credible threats to cause physical harm to the child. If threats are clearly for the sole purpose of emotional abuse, mark as emotional abuse. If purpose cannot be discerned, mark both threats of physical harm and emotional abuse.

- Dangerous behavior toward child or in immediate proximity of child. The caregiver behaves in ways that are likely to result in injury to the child, including domestic violence incidents that occur while the child is present. Consider combination of child location, type of incident (e.g., pushing, throwing objects, use of firearm), and child vulnerability.

- Prior death of a child due to abuse or neglect and new child in the home. There is a prior substantiated abuse or neglect incident that resulted in a child death, AND there is a new child now living in the home.

EMOTIONAL ABUSE

Caregiver actions have led to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others

A child has been diagnosed with severe anxiety or depression or exhibits symptoms of severe anxiety, depression, withdrawal, or aggressive behavior toward self or others.

Threat of emotional abuse

Caregiver actions in one or more of the areas below are so persistent and/or severe that they are likely to result in the child's severe anxiety, depression, withdrawal, or aggressive behavior. The child may or may not be symptomatic. Note: The following four areas constitute a threat of emotional abuse ONLY if the main definition (paragraph above) is also met.

- Domestic violence. The child has witnessed or is otherwise aware of physical altercations between adults in the home on more than one occasion, or a single occasion that involved weapons or resulted in any injury to an adult.

- Bizarre or cruel behavior. For example, the caregiver harms animals or threatens suicide or harm to family members (other than the child); confines the child in places such as closets or animal cages; consistently scapegoats the child; consistently berates, belittles, or shames the child.

- Caregiver's mental health concerns. The caregiver is exhibiting symptoms of mental illness.

- Caregiver's substance abuse concerns. The caregiver is abusing alcohol or other drugs.

NEGLECT

Severe neglect

- Diagnosed malnutrition. The child has been diagnosed as being malnourished.

- Non-organic failure to thrive. The child has been diagnosed as having non-organic failure to thrive OR has indicators of failure to thrive.

- Child's health/safety is endangered. The caregiver has willfully not provided adequate clothing, shelter, supervision, care, or medical care to the extent that the child has already suffered or is likely to suffer serious illness or injury. For example:

  » The child's clothing is so inappropriate for weather that the child suffered hypothermia or frostbite;

» Housing conditions result in lead poisoning, severely exacerbated asthma due to smoke exposure, and/or multiple bites from pest infestations;

» Housing is so unsafe that it is an acute fire hazard or has been condemned;

» There is methamphetamine production in the home/residence;

» Medical care has not been provided for an acute or chronic condition and, as a result, the child has or is likely to require hospitalization or surgery; or the condition may worsen to the extent that unnecessary permanent disability, disfigurement, or death results;

» Child is not supervised to the extent that the child has been seriously injured or avoided serious injury only due to intervention by a third party;

» A young child is left in a motor vehicle during extreme temperature conditions;

» A caregiver behaves recklessly in proximity of child (driving under the influence, using weapons, etc.);

» Caregiver is breastfeeding while using dangerous substances (type of substances and/or amount resulted in or is likely to result in serious injury/illness to child).

- Unexplained and/or suspicious death of a child and there are other children in the home. A child has died, and while the cause of death has not been determined, a medical or law enforcement professional or other reliable source is concerned that the death may have been the result of abuse or neglect AND there are other children in the home.

General neglect

Consider age/developmental status of children. Minor or no injury or illness has occurred.

- Inadequate food. The caregiver does not provide sufficient food to meet minimal requirements for the child to maintain health and growth. The child experiences unmitigated hunger; lack of food has a negative impact on school performance. Caregiver's use of food stamps and/or food pantries as sources of food should not be considered failure to provide food.

- Inadequate clothing. The caregiver provides clothing that is inappropriate for weather and results in health or safety concerns for the child. Clothing is consistently so unclean or inappropriate to the situation that the child experiences shame and/or ridicule.

- Inadequate/hazardous shelter. The residence is unsanitary, such as a pervasive and/or chronic presence of rotting food, human/animal waste, or infestations. The residence is dangerous, such as items (e.g., poisons, guns, drugs) within reach of child. The residence lacks basic necessities such as utilities, plumbing, and/or sleeping facilities, AND these are necessary based on current conditions and the age/developmental status or special needs of the child.

- Inadequate supervision. The child is or has been left unsupervised for a period of time inappropriate to the child's age or developmental status. The caregiver may be present but does not attend to the child (e.g., the child is playing with dangerous objects, running into the street, etc.).

- Inadequate medical/mental health care. The child has a mild to moderate condition, and the caregiver is not seeking or following medical treatment; OR the child has a severe chronic condition and the caregiver's care is partial, but important components of the child's medical needs are unmet.

- Child has no parent or guardian capable of providing appropriate care. The caregiver has been incarcerated or hospitalized, and there is inadequate or no provision for care for the duration of the caregiver's absence. The caregiver's whereabouts are unknown, and it appears that the caregiver has no intention of returning. (If caregiver absence does not appear permanent, mark as inadequate supervision. Permanent absence may be indicated by taking clothing or other belongings, quitting jobs, establishing another residence, or an absence that has exceeded planned return.)

- Failure to protect.

  » The child is left with an inappropriate caregiver (another child too young or developmentally incapable of supervising; a person known to neglect or abuse children; a person known to be violent, use alcohol/drugs, or have serious mental health concerns to the extent that his/her ability to provide care is significantly impaired); OR

  » The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical, sexual, emotional abuse, or neglect) by another person.

Threat of neglect

No event has occurred; however, conditions exist that create a substantial likelihood that the child will be neglected.

- Prior failed reunification or severe neglect, and new child in household. There is credible information that a current caregiver had one or more children for whom there was failed reunification as a result of child abuse or neglect, OR a current caregiver was previously substantiated for severe neglect; AND there is a new child now living in the home.

- Allowing child to use alcohol or other drugs. The caregiver provides (offers or knowingly allows the child to consume) alcohol, illegal drugs, or inappropriate prescription drugs to a child to the extent that it could endanger the child's physical health or emotional well-being, or result in exposure to danger because the child's thinking and/or behavior are impaired. Consider the child's age and type of substance. For example:

  » Providing methamphetamine, heroin, cocaine, or similar drugs to a child of any age.

» Providing enough alcohol to result in intoxication.

» Providing alcohol over time so that the child is developing dependency.

» Providing medications (includes prescription and over the counter) that are not prescribed for the child for the purpose of altering the child's behavior or mood.

» Providing glue or other inhalants to a child of any age.

Examples of substance use that should not be included are:

» Use of small amounts of alcohol for religious ceremonies.

» An older child is permitted to try a small amount of alcohol at a family occasion that did not result in intoxication.

- Prenatal substance use. There is a positive toxicology finding for a newborn infant or his/her mother OR other credible information that there was prenatal substance abuse by the mother (e.g., witnessed use, self-admission); AND there is indication that the mother will continue to use substances, rendering her unable to fulfill the basic needs of the infant upon discharge from the hospital. Indicators may include, but are not limited to, the type of drug (the more addictive the drug, the more likely there will be continued use), pattern of past use, behavior during hospitalization, statements by the mother or others regarding use, AND willingness/ability to care for infant, etc.

- Other high risk birth. No acts or omissions constituting neglect have yet occurred; however, conditions are present that suggest that only the external supports of the hospitalization or the limited time since birth are the reasons neglect has not occurred. Examples may include:

  » Sole caregiver or both caregivers have not attended to the newborn in the hospital.

  » Teen mother with no support system whose maturity level suggests she will be unable to meet the newborn's basic needs.

  » A mother of any age with apparent physical, emotional, or cognitive limitations who has no support system and may be unable or unwilling to meet the newborn's basic needs.

  » A child born with medical complications, and sole caregiver's or both caregivers' response suggests they will be unable to meet the child's exceptional needs (e.g., do not participate in medical education to learn necessary care; indicate denial of diagnosis).

SEXUAL ABUSE

Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator
Based on verbal or nonverbal disclosure, medical evidence, or credible witnessed act. If child knows that the perpetrator is not a household member, but does not know his/her identity, DO NOT MARK.

Sexual act(s) among siblings or other children living in the home
Children living in the home engage in sexual behavior that is outside of normal exploration or involves coercion or violence.

Sexual exploitation
The caregiver involves the child in obscene acts or engages the child in prostitution or pornography.

Threat of sexual abuse
No sexual act or exploitation has occurred; however, the caregiver behaves in ways that create substantial likelihood that the child will be sexually abused.

- Known or highly suspected sexual abuse perpetrator lives with child. An individual with a known or suspected record for sexual crimes lives in the same residence as the child.

- Severely inappropriate sexual boundaries.

  » Adults in the home allow children to see sexually explicit material, witness sexual acts, or hear sexual language that is inappropriate to their age/developmental status; AND this has resulted in the child exhibiting age-inappropriate sexual behavior OR emotional distress.

  » Adult(s) exhibits behaviors suggesting the purpose is sexual gratification for the adult.

B. Screening Decision

Evaluate out: no criteria are marked
Mark this decision if no criteria in Section A are marked, which means that the report does not meet statutory requirements for an in-person response. Proceed to Step III., Option A. Path Decision for Evaluate Out.

In-person response: one or more criteria are marked
Mark this decision if any criteria in Section A are marked, which means that at least one reported allegation meets statutory requirements for an in-person response. Proceed to Step II. Response Priority.

Review of criteria is not required
The referral concerns allegations of harm in a group home, residential treatment facility, or other institution; a safely surrendered baby; no child under age 18; a duplicate referral; or has been referred to another county.

OVERRIDES

In-person response: no criteria are marked, but report will be opened as a referral
Mark this decision if no criteria in Section A are marked, which means that the report does not meet statutory requirements for an in-person response; however, a referral will be opened in CWS/CMS for an in-person response due to local protocol. Indicate the type of referral (e.g., courtesy interview for law enforcement, residency verification request, response required by court order, local protocol, or other). No further SDM assessments are required.

Evaluate out: one or more criteria are marked, but report will be evaluated out.
Insufficient information to locate child/family. The caller was unable to provide enough information about the child's identity and/or location to enable an in-person response. Mark ONLY after following county protocol for attempting to discern identity/location from information provided by caller.

Another community agency has jurisdiction. Local protocol determines that agencies such as law enforcement, probation, court will be investigating entity(ies) for this issue AND child welfare response is not required.

Historical information only. Child is at least ten years old AND the alleged maltreatment occurred more than one year ago, AND there were no reports of abuse or neglect since the alleged incident, AND the conditions that contributed to the alleged incident are no longer present. Do not use if reported incident is sexual abuse.

STEP II. RESPONSE PRIORITY

Physical Abuse

Is the child under age two years (or capability equivalent); or does the child require immediate medical attention; or were caregiver actions or threats brutal or extremely dangerous?

- The child has not reached his/her second birthday nor has the capability of a child under age two years due to developmental, physical, or emotional disability.

- The child requires immediate medical evaluation or treatment or is currently receiving emergency medical evaluation or treatment. Do not include evaluation solely for forensic purposes, or medical evaluation or treatment that has concluded.

- Regardless of whether an injury has occurred, the caregiver acted in brutal or extremely dangerous ways; or the caregiver has made threats (other than empty threats or threats made solely for intimidation) of brutal or extremely dangerous acts toward the child. Examples include:

  » Brutal: hitting with closed fist; hitting child's head, back, or abdomen with substantial force; choking, kicking, or hitting with belt buckle or other dangerous object; using restraints; poisoning. Consider age and vulnerability of the child. Include actions that could reasonably result in severe injury.

  » Extremely dangerous: dangling the child from heights, exposing the child to dangerous extremes of temperature, or throwing objects at the child that could cause severe injury.

Does the alleged perpetrator have access to the child within the next 10 days?
Does the alleged perpetrator live in the home or have access to the child in the home, or has the alleged perpetrator physically contacted the child away from the home or threatened to physically contact the child away from the home?

Is there prior history of physical abuse, current domestic violence, caregiver mental health, or substance abuse concerns? OR Is the child fearful or vulnerable?

Is there credible information* that:

- There are one or more prior investigations for physical abuse. (Include all investigations assigned for in-person response. If differential response, include Path 2 and 3 referrals.)

- There are physical altercations between the caregiver and another adult living in the home within the past year, regardless of whether children were present. Include situations where one of the adults does not live in the home but has substantial contact in the home, or has lived in the home but continues to behave in threatening ways.

*Credible information includes statements by reporter, verified information in CWS/CMS, or police reports.

- A caregiver has current mental health concerns based on diagnosis of a major mental illness (e.g., schizophrenia, bi-polar disorder, depression) or exhibits symptoms that suggest a probability that such a diagnosis exists, such as hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behavior, or extremely depressed affect.

- A caregiver has a substance abuse problem:

  » The caregiver is diagnosed with chemical dependency or abuse AND is currently using. Current use does not require that caregiver be under the influence at the moment of the call, but that the caregiver has used within the past two weeks and has not entered into a formal or informal program to achieve abstinence; OR

  » The caregiver is using illegal drugs; OR

  » The caregiver's alcohol use suggests a probability that dependency or abuse exists, such as blackouts, secrecy, negative effects on job or relationships, rituals around drinking, etc.

OR

- Does the child express credible fear of going/remaining home?

- A child is vulnerable if, due to age, developmental status, or physical disability, he/she is unable to protect self and/or will not be seen within the next week by other adults who would report concerns (e.g., school personnel).

Is there a protective adult in the home?
An adult is protective if:

- He/she is not the alleged perpetrator, and there is information that he/she is likely to prevent further physical abuse incidents. When assessing likelihood of prevention, consider whether he/she has successfully intervened against aggression toward the child in the past, has awareness of the current incident, or has a commitment to non-violent parenting. An indicator of protectiveness may be that the alleged incident occurred more than 60 days ago with no subsequent incident.

- He/she may have been the alleged perpetrator, but he/she can still be considered currently protective if there is information that he/she has acknowledged the harm caused to the child and expressed remorse and commitment to future non-violent parenting, and there has been an absence of physically abusive behavior by the caregiver for at least one week. Answer "no" if there is a pattern of cyclical violence and remorse.

Emotional Abuse

Is the child exhibiting behavior that requires immediate mental health evaluation?

- Is the child threatening to commit suicide, behaving in suicidal ways, or harming self (e.g., cutting)?

- Is the child currently acting out in extremely violent ways or threatening to act in violent ways? Examples include using guns, knives, explosives, fire-setting, and/or cruelty to animals.

- Is the child acutely depressed, anxious (e.g., unable to perform basic tasks of daily living), or withdrawn? Examples include an inability to engage in any social activity.

Is the caregiver's behavior cruel, bizarre, or extremely dangerous?
Examples include:

- The caregiver harms self, others, or pets in the child's presence.

- The caregiver threatens to harm self, others, or the child's pet.

- Unusual forms of discipline that rely on humiliation, fear, and intimidation, such as forcing a ten-year-old to wear diapers or forcing the child to stand in a corner on one leg.

- Extreme rejection of the child, such as not speaking to the child for extended periods, acting as if the child is not present for long periods, or misusing time-out technique by using time limits far beyond what would be appropriate for the child's age/developmental status.

- Chronic or frequent belittling of the child.

- Domestic violence incidents that involve weapons, result in serious injury to any adult, or during which the child attempts to intervene or is directly in the path of violence.

Neglect

Does the child need immediate medical/mental health evaluation?
Medical personnel indicates that the child needs immediate medical/mental health attention; or presence of failure to thrive indicators, e.g., underweight, minor not fed, listlessness; or refusal of the caregiver to meet the child's medical/mental health needs or treat a serious or significant injury/condition.

Are the child's physical living conditions immediately hazardous to his/her health or safety?
Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening. For example:

- Leaking gas from stove or heating unit.

- Substances or objects accessible to the child that may endanger his/her health and/or safety.
- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made.
- Open/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens the child's health.
- The child has suffered serious illness or significant injury due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.
- Methamphetamine production in the home.

Is the child currently unsupervised?
Based upon local community standards, the child is not receiving appropriate supervision from his/her caregiver, and there is no appropriate alternative plan for supervision pending commencement of a response within ten days.

- The child is currently alone (time period varies with age and developmental stage).
- The caregiver does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., the caregiver is present, but the child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards; a child with some suicidal ideation is not closely monitored).
- The child is presently receiving inadequate and/or inappropriate child care arrangements.
- The child has been abandoned and has no caregiver willing and able to provide care for a minimum of ten days.

Is the child a drug-exposed newborn who will be discharged within ten days AND no caregiver appears willing and able to provide for the child upon discharge?
The hospital advises that the newborn will be discharged within ten days OR there is reason to believe the caregiver will remove the child against medical advice; AND the sole caregiver or both caregivers do not appear willing or able to provide for the child. Indicators include the following:

- The caregiver uses substances, such as methamphetamine, heroin, or cocaine, that typically result in severely impaired ability to function.
- The frequency and/or quantity of caregiver substance use suggests a high probability that he/she will be unable to meet the needs of the newborn upon discharge.
- Prior failed reunification.

Sexual Abuse

Is there current abuse as evidenced by disclosure, credible witnessed account, or medical evidence?
Disclosure may be verbal or nonverbal (e.g., extreme sexual acting-out behavior). Medical evidence includes medical findings related to sexual abuse, as well as suspicious findings such as sexually transmitted diseases in young children.

Is the non-offending caregiver willing and able to protect, including seeking medical attention if needed?
Is the non-offending caregiver supporting the child's disclosure and demonstrating the ability/willingness to prevent the suspect from having access to the child? Will the non-offending caregiver not pressure the child to change his/her statement? Will the non-offending caregiver obtain medical treatment for the child if needed?

Does the perpetrator have access to the child within the next ten days?
Does the suspected perpetrator have the ability to have physical, verbal, or written contact with the child?

OVERRIDES

Law enforcement is requesting immediate response.
A law enforcement officer is requesting an immediate child protective services response.

Forensic considerations would be compromised by slower response.
Physical evidence necessary for the investigation would be compromised if the investigation does not begin immediately, OR there is reason to believe statements will be altered if interviews do not begin immediately.

There is reason to believe that the family may flee.
The family has stated an intent to flee or is acting in ways that suggest an intent to flee, OR there is a history of the family fleeing to avoid investigation.

Child safety requires a strategically slower response.
The child's current location is such that initiating contact may create a threat to the child's safety OR the value of coordinating a multi-agency response outweighs the need for immediate response.

The child is in an alternative safe environment.
The child is no longer in the same place or with the caregiver who is the alleged perpetrator, and the child is not expected to return within the next ten days (five days in Los Angeles).

The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period.
The incident being reported occurred at least six months prior to the report AND no other maltreatment is alleged to have occurred in the intervening time period.

STEP III.
OPTION A: PATH DECISION FOR EVALUATE OUT (For differential response counties only.)

For all referrals that are evaluated out, mark "yes" or "no" to indicate whether any of the following are applicable, based on information reported or available at the time of the report. If unknown at the time of report, answer "no."

Prior investigations (indicate number of prior investigations)
Credible information* shows that there have been prior investigated referrals alleging maltreatment by a current caregiver of the child. Include all allegation types and all dispositions (e.g., substantiated, inconclusive, unfounded). For differential response history, include all Path 2 and 3 responses. If there is prior investigation history, indicate the number of investigations as either one or two, or three or more.

Prior failed reunification, or death of a child not due to abuse or neglect
Credible information* shows that a current caregiver of the child has or has had a prior failed reunification for other children in his/her care, or a child in his/her care has died (not due to substantiated abuse or neglect).

Current caregiver substance abuse, domestic violence, or mental health issues
Credible information* shows that:

- A caregiver has a substance abuse problem:
  - » The caregiver is diagnosed with chemical dependency or abuse AND is currently using. Current use does not require that the caregiver be under the influence at the moment of the call, but that the caregiver has used within the past two weeks and has not entered into a formal or informal program to achieve abstinence; OR
  - » The caregiver is using illegal drugs; OR
  - » The caregiver's alcohol use suggests a probability that dependency or abuse exists, such as blackouts, secrecy, negative effects on job or relationships, identified drinking patterns, etc.
- There are physical altercations between the caregiver and another adult living in the home within the past year, regardless of whether children were present. This includes situations where one of the adults does not live in the home but has substantial contact in the home, or has lived in the home but continues to behave in threatening ways.
- A caregiver has current mental health concerns based on a diagnosis of a major mental illness (e.g., schizophrenia, bi-polar disorder, depression) or exhibits symptoms that suggest a probability that such a diagnosis exists, such as hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behavior, or extremely depressed affect.

Identified need that can be addressed with community services
The reporter describes a service or resource need that does not rise to the level of screening threshold but could be addressed through a community agency.

OPTION B: PATH DECISION FOR IN-PERSON RESPONSE

Likelihood of caregiver arrest or juvenile court involvement as a result of alleged incident.
If conditions alleged by the reporter are true, they would constitute a crime against the child or would constitute the basis for a juvenile court dependency petition.

Allegation involves sexual abuse.
Current allegation is for sexual abuse.

Prior investigations (indicate number of prior investigations).
There is credible information* that a current caregiver has been previously investigated for child maltreatment of any kind. For differential response locations, include prior Path 2 and Path 3 responses. If history is present, indicate the number of prior investigations as either one or two, or three or more.

Prior child protective services (previous ongoing case).
There has been an open Family Maintenance, Family Reunification, or Permanency Planning case involving any current caregiver; or there have been previous ongoing child protective services in another jurisdiction.

Four or more alleged child victims.
There are four or more children residing in the home who are alleged as victims of abuse or neglect in the current incident. Do not count children alleged to be "at risk" of abuse and/or neglect.

Caregiver has a current mental health issue.
There is credible information* that the primary, secondary, or both caregivers have a current mental health concern based on diagnosis of a major mental illness (e.g., schizophrenia, bi-polar disorder, depression) or exhibit symptoms suggesting a probability that such a diagnosis exists, such as hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behavior, or extremely depressed affect.

Primary caregiver has a history of abuse/neglect as a child.
There is credible information* that the primary caregiver was abused or neglected as a child.

Any child with:
Mark all that apply:

- Mental health/behavioral problems not related to a physical or developmental disability (includes ADHD/ADDD). This could be indicated by a Diagnostic and Statistical Manual (DSM) diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking psychoactive medication.

- Developmental or physical disability, defined as a severe, chronic impairment that creates substantial functional limitations in three or more of the following areas of major life activity: self-care, language, learning, mobility, self-direction, potential for independent living, and potential for economic self-sufficiency as an adult.

*Credible information includes statements by reporter, verified information in CWS/CMS, or police reports.

- Medically fragile or failure to thrive, defined as having a diagnosed medical condition that can become unstable and change abruptly, resulting in a life threatening situation (e.g., uncontrolled diabetes; required use of monitor; child is non-ambulatory and requires 24-hour care; required nasal gastric or gastronomy tube; tracheotomy) or diagnosed as failure to thrive.

- Positive toxicology screen at birth. Any child had a positive toxicology screen for alcohol or another drug at birth.

- Delinquency history. Any child in the household has been referred to juvenile court for delinquent or status offense behavior. Status offenses not brought to court attention, but create stress within the household, should also be scored, such as children who run away or are habitually truant.

Housing is unsafe, or family is homeless:

- The family has housing, but the current housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (e.g., exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food).

- The family is homeless or was about to be evicted at the time the investigation began. Consider as homeless people who are living in a shelter and those living on a short-term basis with relatives or friends.

Prior injury to a child due to abuse or neglect.
There is credible information* that a current caregiver injured a child due to abuse or neglect prior to the current allegation.

Domestic violence in the last 12 months.
There were physical altercations between the caregiver and another adult living in the home within the past year, regardless of whether children were present. Include situations where one of the adults does not live in the home but has substantial contact in the home, or has lived in the home but continues to behave in threatening ways.

Caregiver has a current substance abuse issue.

- The caregiver is diagnosed with chemical dependency or abuse AND is currently using. Current use does not require that caregiver be under the influence at the moment of the call, but that the caregiver has used within the past two weeks and has not entered into a formal or informal program to achieve abstinence; OR

- The caregiver is using illegal drugs; OR

- The caregiver's alcohol use suggests a probability that dependency or abuse exists, such as blackouts, secrecy, negative effects on job or relationships, identified drinking patterns, etc.

Other.
Specify any other critical risk factor that was used in determining the final path decision for in-person response.

*Credible information includes statements by reporter, verified information in CWS/CMS, or police reports.

CALIFORNIA
HOTLINE TOOLS
POLICY AND PROCEDURES

The purpose of the Hotline Tools is to assess:

- whether a referral meets the statutory threshold for an in-person child welfare services (CWS) response;
- if not, whether a referral to an alternative community response is appropriate;
- if so, how quickly to respond and the path of response.

	Screening Tool	Response Priority	Path of Response Decision*
Which Cases	All referrals that are created in CWS/CMS.	All referrals that meet statutory threshold for an in-person response, per screening tool.	All referrals that meet statutory threshold for in-person response are assessed using the path decision tool for in-person response.
			All referrals that did not meet the statutory threshold for in-person response are assessed using the path of response for evaluate-out referrals.
Who	Worker receiving the referral.	Worker receiving the referral.	Worker receiving the referral OR the designated differential response worker.
When	Immediately upon receipt of the call.	Immediately upon receipt of the call.	Referrals with a 24-hour response priority—complete immediately. Referrals with a ten-day response priority—complete within 24 hours. Referrals that are evaluated out—complete within five working days.
Decision	Does the referral meet statutory definition for in-person CWS response (yes or no)?	How quickly to respond. First face-to-face contact should begin or be attempted within 24 hours or within ten days.	Records the path of response decision and documents criteria present at the time of the referral.

*Path of Response refers to the response track for referrals under the State of California Differential Response System. Refer to your local Differential Response Program for specific definitions and practice guidelines related to response paths.

Appropriate Completion:
If a referral was/will be created in CWS/CMS, create an SDM hotline tool.

If the referral concerns are limited to alleged harm in a group home, residential treatment center, other institution, or concern a safely surrendered baby, proceed to B. Screening Decision.

If the referral does not involve a child under 18, is being referred to another county, or is a duplicate referral, proceed to B. Screening Decision. Record the specific reasons in CWS/CMS.

STEP I. Appropriateness for a Child Abuse/Neglect Report for Response.

A. Screening Criteria. Based on the caller's concerns, mark all criteria that apply. Do not mark items if the caller's information does not reach the threshold of the definition for an item.

B. Screening Decision. Indicate the screening decision. If criteria were not reviewed, mark "review of criteria not required." If one or more criteria are marked, the referral is assigned for an in-person CPS response (proceed to Step II). If no criteria are marked, the referral will be evaluated out (if differential response, go to Step III., Option A. Path Decision for Evaluate Out. All others, no further action). If an override is used to assign a referral for in-person response when no screening criteria are marked in Part A., no further SDM assessments are required.

STEP II. Response Priority.

- If the child is in out-of-home care and the allegations concern the substitute care provider AND county policy requires response within 24 hours, mark the first box, making the referral an automatic 24-hour response. If not applicable, proceed to the decision trees.

- If a child has already been taken into protective custody, the referral will be an automatic 24-hour response, and the worker should proceed to Step III.

Select the response priority decision tree that corresponds with the allegation type (physical abuse, emotional abuse, neglect, or sexual abuse). If there is more than one allegation, begin with the most serious allegation. Start with the first question, and gather information from the caller that will lead to an answer of yes or no. Be sure to consult definitions. The response will lead to either a decision regarding response time or to another question. Continue to ask as many questions as are required to arrive at a recommended response time.

- Additional allegations. Once a response time of "24 Hours" is reached, it is not necessary to complete additional decision trees, even if there are other allegations. If the first tree leads to "Ten Days," complete additional decision trees until all allegations are completed or a 24-hour response time has been determined, whichever comes first.

- Unknown answers. If the reporter's information cannot clearly distinguish between a "yes" or "no" response to a question, try asking additional questions, or asking questions in different ways. If it remains unclear, answer in the most protective way.

Overrides. After completing all required decision trees, proceed to the overrides and determine whether any apply. Consider overrides even if response priority trees have been bypassed based on screening criteria.

- Policy overrides. If Ten Days is the presumptive response, consider whether any of the policy overrides to 24 Hours apply. If 24 Hours is the presumptive response, consider whether any of the policy overrides to reduce response priority by one level apply.

- Discretionary overrides. If the caller reported any information, or information from any other source suggests that the child's safety, permanency, or well-being is best served by a different response time than the presumptive response, mark whether the response time will be increased or decreased. For example, consider the ability to locate child/caregiver and protective capacities. Briefly describe the fact(s) that lead to this conclusion. Discuss a discretionary override with a supervisor and obtain approval.

Indicate a final response priority.

STEP III. PATH DECISION (differential response counties only)
Based on screening criteria, complete either a path decision for in-person response OR Path decision for Evaluate Out.

Path Decision for Evaluate Out. If county has a differential response system, all referrals that were evaluated out will be considered for Path 1 assignment. Mark any applicable items listed that were present at the time of the referral based on reported information. Record the path decision for referrals that did not meet any screening criteria (No Response or Path 1).

Path Decision for In-Person Response. If the county has a differential response system, all referrals that are assigned for in-person response should be forwarded to the differential response coordinator. If the response priority decision is within 24 hours, the worker may bypass the criteria and mark "automatic Path 3." The criteria that resulted in the 24-hour response time would often also result in a Path 3 decision. Alternatively, the worker may review the criteria and base the path decision on the criteria.

NOTE: The following guidelines were developed in consultation with several SDM counties to provide recommendations for a consistent process to document subsequent referrals received for the same incident/allegation, or referrals of new information received prior to first face-to-face contact. Some counties may utilize different CWS/CMS documentation practices to record these types of referrals. Whatever the county's method, ensure that these referral types are appropriately identified/coded so that it is clear that additional SDM assessments are not required.

1. Secondary referrals. If, after gathering all information from the reporter, it is apparent that all of the allegations made by the reporter are identical to allegations made in an existing open referral, the worker should create a second referral in CWS/CMS and mark it accordingly. This second referral may contain an additional description of the family/events but should not contain a new incident or allegation. No new hotline tool is required for a secondary referral. (If the second call contains information that would change screening, response priority, or path decision, that is an indicator that it is NOT a secondary referral.)

2. Associated referrals. If a second or subsequent call is received that does contain new information, but the worker has not yet made a first face-to-face contact with the family, the referrals should be combined in CWS/CMS. The hotline worker should complete a new hotline tool to determine whether the response should change. However, the investigating worker will complete only one safety and risk assessment that will be linked to all associated referrals. If the second call is received AFTER an initial safety assessment was completed but BEFORE a risk assessment was completed, the worker should associate the referrals in CWS/CMS. In SDM, complete the risk assessment in the first referral. With rare exception, a second safety assessment should be added to the first referral based on changing circumstances.

3. Changing decisions. Prior to worker contact with the family, it is possible that additional information will lead to different answers to the various components of the hotline tool. Retain the original completed tool to show what decision was made and the basis for that decision. In webSDM, open the FIELD CHANGE option and indicate the NEW decision. Provide a brief explanation of the basis for the change. THE CHANGE MUST BE CONSISTENT WITH DECISION CRITERIA, OR AN APPROPRIATE OVERRIDE REASON SHOULD BE STATED.

Practice Considerations:

Workers will make every effort to elicit information from the reporter to make the key hotline decisions of whether to initiate an in-person response, how quickly to respond, and path of response. To the extent time allows and if the reporter has additional information, the worker should also elicit information regarding the reporter's knowledge of family strengths, use of services, and the reporter's perspective on family needs.

In all calls, workers will gather as much identifying information as the reporter has available, information on the family's language, cultural identity, current location of child and ability to locate, and issues that have an impact on the safety of responding workers (e.g., weapons, propensity to violence, dangerous animals).

CALIFORNIA
SAFETY ASSESSMENT

Referral Name: _____ **Referral #:** _____

County: _____ **Worker:** _____

Date of Assessment: ____/____/____

Assessment Type: ☐ Initial ☐ Subsequent (mark one): ☐ review/update ☐ referral/case closing

Names of Children Assessed: (If more than six children are assessed, add additional names and numbers on reverse side.)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Are there additional names on reverse? ☐ 1. Yes ☐ 2. No

Household Name: _____ **Were there allegations in this household?** ☐ 1. Yes ☐ 2. No

Factors Influencing Child Vulnerability (conditions resulting in child's inability to protect self; mark all that apply to <u>any</u> child):

☐ Age 0-5 years
☐ Significant diagnosed medical or mental disorder
☐ School age, but not attending school
☐ Diminished mental capacity (e.g., developmental delay, non-verbal)
☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

SECTION 1A: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark all that apply.

Yes	No		
☐	☐	1.	Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by: ☐ Serious injury or abuse to the child other than accidental. ☐ Caregiver fears he/she will maltreat the child. ☐ Threat to cause harm or retaliate against the child. ☐ Excessive discipline or physical force. ☐ Drug-exposed infant.
☐	☐	2.	Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
☐	☐	3.	Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
☐	☐	4.	Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
☐	☐	5.	Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
☐	☐	6.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
☐	☐	7.	Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
☐	☐	8.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
☐	☐	9.	Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
☐	☐	10.	Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
☐	☐	11.	Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
☐	☐	12.	Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
☐	☐	13.	Other (specify): _____

SECTION 1B: PROTECTIVE CAPACITIES
(If no safety threats are present, skip to Section 3.)
Mark all that apply.

Child

☐ 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

Caregiver

☐ 2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.

☐ 3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.

☐ 4. Caregiver has the ability to access resources to provide necessary safety interventions.

☐ 5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.

☐ 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.

☐ 7. Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.

☐ 8. There is evidence of a healthy relationship between caregiver and child.

☐ 9. Caregiver is aware of and committed to meeting the needs of the child.

☐ 10. Caregiver has history of effective problem solving.

Other:

☐ 11. _____

SECTION 2: SAFETY INTERVENTIONS

(If no safety threats are present, skip to Section 3.) For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears to be related to caregiver's knowledge, skill, or motivational issue.

Consider whether safety interventions 1-8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether *any* safety interventions 1-8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10, and follow procedures for initiating a voluntary agreement for taking the child into protective custody. A safety plan is required to systematically describe interventions and facilitate follow-through.

Mark all that apply:

☐ 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)

☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.

☐ 3. Use of community agencies or services as safety resources.

☐ 4. Have the caregiver appropriately protect the victim from the alleged perpetrator.

☐ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

☐ 6. Have the non-offending caregiver move to a safe environment with the child.

☐ 7. Legal action planned or initiated—child remains in the home.

☐ 8. Other (specify): _____

☐ 9. Have the caregiver voluntarily place the child outside the home.

☐ 10. Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Check one response only.

☐ 1. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

☐ 2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. SAFETY PLAN REQUIRED.

☐ 3. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

   ☐ All children placed.
   ☐ The following children were placed: *(enter number from page 1)*

   _____ _____ _____ _____ _____ _____

CALIFORNIA
SAFETY ASSESSMENT
DEFINITIONS

SECTION 1A: SAFETY THREATS

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

- Serious injury or abuse to the child other than accidental—The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.

- Caregiver fears he/she will maltreat the child and/or requests placement.

- Threat to cause harm or retaliate against the child—Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS investigation.

- Excessive discipline or physical force—The caregiver has tortured a child or used physical force in a way that bears no resemblance to reasonable discipline or punished the child beyond the duration of the child's endurance.

- Drug-exposed infant—There is evidence that the mother used alcohol or other drugs during pregnancy AND this has created imminent danger to the infant.

  » Indicators of drug use during pregnancy include: drugs found in the mother's or child's system; mother's self-report; diagnosed as high risk pregnancy due to drug use; efforts on mother's part to avoid toxicology testing; withdrawal symptoms in mother or child; pre-term labor due to drug use.

  » Indicators of imminent danger include: the level of toxicity and/or type of drug present; the infant is diagnosed as medically fragile as a result of drug exposure; the infant suffers adverse effects from introduction of drugs during pregnancy.

2. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.

There must be both current immediate threats to child safety AND related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.

Previous maltreatment includes any of the following:

- Prior death of a child as a result of maltreatment.

- Prior serious injury or abuse to the child other than accidental. The caregiver caused serious injury defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child *and required medical treatment*.

- Failed reunification—the caregiver had reunification efforts terminated in connection with a prior CPS investigation.

- Prior removal of a child—removal/placement of a child by CPS or other responsible agency or concerned party was necessary for the safety of the child.

- Prior CPS substantiation—a prior CPS investigation was substantiated for maltreatment.

- Prior inconclusive CPS investigation—factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.

- Prior threat of serious harm to a child—previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child for previous incidents; prior domestic violence that resulted in serious harm or threatened harm to a child.

- Prior service failure—failure to successfully complete court-ordered or voluntary services.

3. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.

Suspicion of sexual abuse may be based on indicators such as:

- The child discloses sexual abuse either verbally or behaviorally (e.g., age-inappropriate or sexualized behavior toward self or others).

- Medical findings consistent with molestation.

- The caregiver or others in the household have been convicted, investigated, or accused of rape or sodomy, or have had other sexual contact with the child.

- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).

- Access to a child by possible or confirmed sexual abuse perpetrator exists.

4. Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

- The caregiver fails to protect the child from serious harm or threatened harm as a result of physical abuse, neglect, or sexual abuse by other family members, other household members, or others having regular access to the child. The caregiver does not provide supervision necessary to protect the child from potentially serious harm by others based on the child's age or developmental stage.
- An individual with known violent criminal behavior/history resides in the home, or the caregiver allows access to the child.

5. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

- The injury requires medical attention.
- Medical evaluation indicates the injury is the result of abuse; the caregiver denies or attributes injury to accidental causes.
- The caregiver's explanation for the observed injury is inconsistent with the type of injury.
- The caregiver's description of the injury or cause of the injury minimizes the extent of harm to the child.
- Factors to consider include the child's age, location of injury, exceptional needs of the child, or chronicity of injuries.

6. The family refuses access to the child, or there is reason to believe that the family is about to flee.

- The family currently refuses access to the child or cannot/will not provide the child's location.
- The family has removed the child from a hospital against medical advice to avoid investigation.
- The family has previously fled in response to a CPS investigation.
- The family has a history of keeping the child at home, away from peers, school, and other outsiders for extended periods of time for the purpose of avoiding investigation.
- The caregiver intentionally coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation.

7. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.

- Minimal nutritional needs of the child are not met, resulting in danger to the child's health and/or safety.
- The child is without minimally warm clothing in cold months.
- The caregiver does not seek treatment for the child's immediate, chronic, and/or dangerous medical condition(s), or does not follow prescribed treatment for such conditions.
- The child appears malnourished.
- The child has exceptional needs, such as being medically fragile, which the caregiver does not or cannot meet.
- The child is suicidal and the caregiver will not/cannot take protective action.
- The child shows effects of maltreatment such as serious emotional symptoms, lack of behavioral control, or serious physical symptoms.
- The caregiver does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., caregiver is present but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).
- The caregiver leaves the child alone (time period varies with age and developmental stage).
- The caregiver is unavailable (incarceration, hospitalization, abandonment, whereabouts unknown).
- The caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for the child's care.

8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to:

- Leaking gas from stove or heating unit.
- Substances or objects accessible to the child that may endanger his/her health and/or safety.
- Lack of water or utilities (heat, plumbing, electricity), and no alternate or safe provisions are made.

- Open/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.
- Methamphetamine production in the home.

9. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.

The caregiver has abused legal or illegal substances or alcoholic beverages to the extent that control of his/her actions is significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child; has harmed the child; or is likely to harm the child.

10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.

There is evidence of domestic violence in the home, AND this creates a safety concern for the child. Examples may include:

- The child was previously injured in domestic violence incident.
- The child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the home.
- The child is at potential risk of physical injury.
- The child's behavior increases risk of injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence.

11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
Examples of caregiver actions include the following:

- The caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses and/or repeatedly puts the child down.
- The caregiver scapegoats a particular child in the family.
- The caregiver blames the child for a particular incident or family problems.
- The caregiver places the child in the middle of a custody battle.

12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed:

- The caregiver's refusal to follow prescribed medications impedes his/her ability to parent the child.
- The caregiver's inability to control emotions impedes his/her ability to parent the child.
- The caregiver acts out or exhibits a distorted perception that impedes his/her ability to parent the child.
- The caregiver's depression impedes his/her ability to parent the child.
- The caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained, eat neatly, expected to care for younger siblings, or expected to stay alone).
- Due to cognitive delay, the caregiver lacks the basic knowledge related to parenting skills such as:
  - » not knowing that infants need regular feedings;
  - » failure to access and obtain basic/emergency medical care;
  - » proper diet; or
  - » adequate supervision.

13. Other (specify). Circumstances or conditions that pose an immediate threat of serious harm to a child not already described in safety threats 1-12.

SECTION 1B: PROTECTIVE CAPACITIES

Child

1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

- The child has an understanding of his/her family environment in relation to any real or perceived threats to safety and is able to communicate at least two options for obtaining immediate assistance if needed (e.g., calling 911, running to neighbor, telling teacher).

- The child is emotionally capable of acting to protect his/her own safety despite allegiance to his/her caregiver or other barriers.

- The child has sufficient physical capability to defend him/herself and/or escape if necessary.

Caregiver

2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.

The caregiver has the ability to understand that the current situation poses a threat to the safety of the child. He/she is able to follow through with any actions required to protect the child. He/she is willing to put the emotional and physical needs of the child ahead of his/her own. He/she possesses the capacity to physically protect the child.

3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.

The caregiver is cognizant of the problems that have necessitated intervention to protect the child. The caregiver is able and willing to verbalize what is required to mitigate the threats that have contributed to the threat of harm to the child and accepts feedback and recommendations from the worker. The caregiver expresses a willingness to participate in problem resolution to ensure that the child is safe.

4. Caregiver has the ability to access resources to provide necessary safety interventions.

The caregiver has the ability to access resources to contribute toward safety planning, or community resources are available to meet any identified needs in safety planning (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).

5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.

The caregiver has a supportive relationship with another family member, neighbor, or friend who may be able to assist in safety planning. Assistance includes, but is not limited to, the provision of child care or securing appropriate resources and services in the community.

6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.

The non-offending caregiver understands that continued exposure between the child and the offending caregiver poses a threat to the safety of the child, and the non-offending caregiver is able and willing to protect the child by ensuring that the child is in an environment in which the non-offending caregiver will not be present. If necessary, the non-offending caregiver is willing to ask the offending caregiver to leave the residence. As the situation requires, the non-offending caregiver will not allow the offending caregiver to have other forms of contact (telephone calls, electronic correspondence, mail, or correspondence through third-party individuals, etc.) with the child.

7. Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.

The caregiver accepts the involvement, recommendations, and services of the worker or other individuals working through referred community agencies. The caregiver cooperates with the continuing investigation/assessment, allows the worker and intervening agency to have contact with the child, and supports the child in all aspects of the investigation or ongoing interventions.

8. There is evidence of a healthy relationship between caregiver and child.

The caregiver displays appropriate behavior toward the child, demonstrating that a healthy relationship with the child has been formed. There are clear indications through both verbal and non-verbal communication that the caregiver is concerned about the emotional well-being and development of the child. The child interacts with the caregiver in a manner evidencing that an appropriate relationship exists and that the child feels nurtured and safe.

9. Caregiver is aware of and committed to meeting the needs of the child.

The caregiver is able to express the ways in which he/she has historically met the needs of the child for supervision, stability, basic necessities, mental/medical health care, and developmental/education. The caregiver is able to express his/her commitment to the continued well-being of the child.

10. Caregiver has history of effective problem solving.

The caregiver has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbors, and community members. The caregiver has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.

SECTION 2: SAFETY INTERVENTIONS

Safety interventions are actions taken to specifically mitigate any identified safety threats. They should address immediate safety considerations rather than long-term changes. Follow county policies whenever applying any of the safety interventions.

1. **Intervention or direct services by worker. (DO NOT include the investigation itself.)**
   Actions taken or planned by the investigating worker or other CPS staff that specifically address one or more safety threats. Examples include: providing information about non-violent disciplinary methods, child development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining restraining orders; and providing definition of child abuse laws and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE the investigation itself or services provided to respond to family needs that do not directly affect safety.

2. **Use of family, neighbors, or other individuals in the community as safety resources.**
   Applying the family's own strengths as resources to mitigate safety concerns; using extended family members, neighbors, or other individuals to mitigate safety concerns. Examples include: family's agreement to use non-violent means of discipline; engaging a grandparent to assist with child care; agreement by a neighbor to serve as a safety net for an older child; commitment by a 12-step sponsor to meet with the caregiver daily and call the worker if the caregiver has used or missed a meeting; or the caregiver's decision to have the child spend a night or a few days with a friend or relative.

3. **Use of community agencies or services as safety resources.**
   Involving community-based organization, faith-related organization, or other agency in activities to address safety concerns (e.g., using a local food pantry). DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

4. **Have the caregiver appropriately protect the victim from the alleged perpetrator.**
   A non-offending caregiver has acknowledged the safety concerns and is able and willing to protect the child from the alleged perpetrator. Examples include: agreement that the child will not be alone with the alleged perpetrator or agreement that the caregiver will restrain the alleged perpetrator from physical discipline of child.

5. **Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.**
   Temporary or permanent removal of the alleged perpetrator. Examples include: arrest of alleged perpetrator; non-perpetrating caregiver "kicking out" alleged perpetrator who has no legal right to residence; perpetrator agrees to leave.

6. **Have the non-offending caregiver move to a safe environment with the child.**
   A caregiver not suspected of harming the child has taken or plans to take the child to an alternate location where there will be no access to the suspected perpetrator. Examples include: domestic violence shelter, home of a friend or relative, hotel.

7. Legal action planned or initiated—child remains in the home.
Legal action has already commenced, or will be commenced, that will effectively mitigate identified safety threats. This includes family-initiated actions (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and CPS-initiated actions (file petition and child remains in the home).

8. Other.
The family or worker identified a unique intervention for an identified safety concern that does not fit within items 1-7.

9. Have the caregiver voluntarily place the child outside the home.
A voluntary agreement is signed between the caregiver and the CPS agency. This voluntary agreement is consistent with W&I 11400 (o).

10. Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.
One or more children are protectively placed pursuant to W&I 309 and are entitled to notice and a hearing within 72 judicial hours.

SECTION 3: SAFETY DECISION

1. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.

3. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Mark to indicate whether all children are being placed or if only some children are being placed.

CALIFORNIA
SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment is: 1) to help assess whether any child is likely to be in immediate danger of serious harm/maltreatment which requires a protecting intervention, and 2) to determine what interventions should be initiated or maintained to provide appropriate protection.

Safety versus risk assessment: It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

Which Cases: All referrals that are assigned for in-person response. If referral alleges maltreatment by a substitute care provider, use the substitute care provider safety assessment (page 49 of this manual).

Any open referrals or cases in which changing circumstances require safety assessment due to:

- change in family circumstances;
- change in information known about the family; or
- change in ability of safety interventions to mitigate safety threats.

Who: The social worker who is responding to the referral.

When:

- For a new referral, the safety assessment *process* is completed, utilizing the safety assessment field guide, before leaving a child in the home, or returning a child to the home during the investigation. Circumstances may warrant postponing the completion of the safety assessment *form*. The form should be completed within two working days of the first contact.

- For a child who has already been protectively placed by law enforcement or other means, and for whom no safety assessment has been completed, the social worker will complete a safety assessment within two working days of the referral.

- For open referrals or cases in which changing circumstances prompt a new safety assessment, the safety assessment *process* is completed immediately. The safety assessment *form* is completed within two working days.

- If a safety plan was initiated, a safety assessment must be completed before closing the referral. If safety threats remain unresolved, a case should be opened.*

*If child is no longer living in household that has unresolved safety threats, and that parent refuses services, case may be closed.

- Prior to closing a case. A case will not be closed if safety threats are present.

Decision: The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with safety interventions in place, or must be protectively placed.

Appropriate Completion: Workers should familiarize themselves with the items that are included on the safety assessment and the accompanying definitions. Workers will notice that the items on the tool are items they are probably already assessing. What distinguishes SDM is that it ensures that every worker is assessing the same items in each case, and that the responses to these items lead to specific decisions. Once a worker is familiar with the items that must be assessed to complete the tool, the worker should conduct his/her initial contact as he/she normally would—using good social work practice to collect information from the child, caregiver, and/or collateral sources. SDM ensures that the specific items that comprise the safety assessment are assessed at some time during the initial contact.

Record the date of the safety assessment. The date of assessment should be the date that the worker made initial face-to-face contact with the child to assess safety, which may be different than the date that the form is being completed in webSDM.

Enter the type of safety assessment, which is either:

- Initial. Each referral should have one, and only one, initial assessment. This should be completed during the first face-to-face contact with a household where there are allegations. However, if there are allegations in two households within a single referral, there may be two initial safety assessments.

- Review/update. After the initial assessment, any additional safety assessment is most likely a review/update, unless it is completed at the point of closing a referral or case. A review update includes a safety assessment completed on a second household where there are no allegations.

- Referral closing. This is a specialized review/update that is completed when considering closing a referral without promoting it to a case.

Enter the name of the household assessed. In some referrals, there may be more than one household with a safety assessment. To correctly link safety assessments to the correct household, enter the name of the household assessed. Typically, this would be the last name of the primary caregiver in

the household. If both have the same last name, also include the first name. Also mark whether there are allegations in the household being assessed. If at least one alleged perpetrator resides in the household, there are allegations in that household. If the household is being assessed for safety as a potential placement (i.e., a non-custodial parent), mark "no."

Indicate (mark) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

The safety assessment consists of four sections:

1A. **Safety Threats.** This is a list of critical threats that must be assessed by every worker in every case. These threats cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable safety threat can be anticipated or listed on a form, an "other" category permits a worker to indicate that some other circumstance creates a safety threat; that is, there is something other than the listed categories causing the worker to believe that the child is in immediate danger of being harmed.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some is deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 safety threats and accompanying definitions. For each item, consider the most vulnerable child. If the safety threat is present, based on available information, mark that item "yes." If the safety threat is not present, mark that item "no." If there are circumstances that the worker determines to be a safety threat, and these circumstances are not described by one of the existing items, the worker should mark "other" and briefly describe the threat.

1B. **Protective Capacities.** This section is completed only if one or more safety threats were identified. Mark any of the listed protective capacities that are present for any child/caregiver. Consider information from the referral; from worker observations; interviews with children, caregivers, and collaterals; and review of records. For "other," consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the safety threats identified in Section 1A.

2. **Safety Interventions.** This section is completed only if one or more safety threats are identified. If one or more safety threats are present, it does not automatically follow that a child must be placed. In many cases, it will be possible to initiate a temporary plan that will mitigate the safety threat(s) sufficiently so that the child may remain in the home while the investigation continues. Consider the relative severity of the safety threat(s), the caregiver's protective capacities, and the vulnerability of the child.

   The safety intervention list contains general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety threat(s), and whether there is reason to believe the caregiver will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention, the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the caregiver would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not the case plan – it is not intended to "solve" the household's problems or provide long-term answers. A safety plan permits a child to remain home during the course of the investigation.

   If one or more safety threats are identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will be placed.

   If one or more interventions will be implemented, mark each category that will be used. If there is an intervention that will be implemented that does not fit in one of the categories, mark line 8 and briefly describe the intervention. Safety intervention #10 is used only when a child is unsafe and only a placement can ensure safety.

   When assessing the appropriateness of safety interventions, it is critical to review the assessed protective capacities in section 1B. For example, if protective capacity #2 (caregiver has cognitive, physical, and emotional capacity to participate in safety interventions) is not marked, the rationale for implementing any safety interventions to keep the child in the home must be clearly documented.

3. **Safety Decision.** In this section, the worker records the result of the safety assessment. There are three choices:

1. Mark this line if no safety threats are identified. SDM guides the worker to leave the child in the home for the present.

2. If one or more safety threats are identified and the worker is able to identify sufficient protective interventions that lead the worker to believe the child may remain in the home for the present time, this line is marked.

3. If the worker determines that the child cannot be safely kept in the home even after considering a complete range of interventions, this line is marked. It is possible that the worker will determine that interventions make it possible for one child to remain in the home while another must be removed. Mark this line if ANY child is placed.

   If one or more children are placed, enter the number from page 1; if all children are placed, mark as indicated.

Accurate completion of the safety assessment adheres to the following internal logic:

- If no safety threats are marked, there should be no interventions marked, and the only possible safety decision is, "1. No safety threats were identified at this time."

- If one or more safety threats are marked, there must be at least one intervention marked and the only possible safety decisions are:

  » "2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care. Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger"; or

  » "3. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children."

- If one or more interventions are marked AND placement is not marked as an intervention, the safety decision that should be marked is "2. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care. Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger." Placement should not be marked as an intervention if other interventions are marked.

- If placement is marked as an intervention, the safety decision must be "3. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children."

Safety Plan: Individual counties should use their own safety plan form. The following must be included in any safety plan:

1. Each safety threat identified in Section 1A.

2. Information written in a family-friendly manner.

3. Detailed information for each planned safety intervention.

4. Information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action).

5. Signatures lines for family members, the worker, and his/her supervisor.

A SAFETY PLAN IS REQUIRED WHEN SAFETY DECISION IS #2.

Note: The safety plan should be documented in the investigation contact in CWS/CMS.

The safety plan MUST be completed with the family, and a copy should be left with the family.

If safety threats have not been resolved by the end of the investigation/assessment, the safety plan will be provided to the ongoing worker, and all remaining interventions will be incorporated into the ongoing case plan.

Practice Considerations:

While safety is the prevailing concern of the first face-to-face contact, the manner of engaging the family will depend upon social work clinical skills. Whenever possible, the worker should use a strength-based approach to initiate the contact, while remaining observant for the presence or absence of safety threats. Most safety threats are salient and can be discerned without invasive questioning. Others will benefit from candor, which will be more forthcoming when the family is approached with respect. The first face-to-face contact may be limited to assessing safety if there are significant safety issues. At other times, the worker will also begin to gather information regarding risk and/or strengths and needs items, as well as additional clinical information.

CALIFORNIA
SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT

Primary SCP Name: _____ **Referral #:** _____

SCP Type: ☐ Foster ☐ Relative ☐ NREFM ☐ FFA ☐ Small Family Home

List any other related referrals:

Referral Name	Referral #

Name(s) of foster children in the household:

Name	Age	Name	Age
1.		3.	
2.		4.	

Date of Referral: _____/_____/_____ Date of Assessment: _____/_____/_____

CSW Name: _____

SECTION 1: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present for any foster/adoptive child currently residing in the household. Mark all that apply.

☐ 1. SCP caused physical harm to the child or made a plausible threat to cause physical harm in the current investigation, as indicated by any of the following:

- ☐ Injury or abuse to the child other than accidental;
- ☐ SCP fears he/she will maltreat the child and/or requests removal;
- ☐ Threat to cause harm or retaliate against the child;
- ☐ Excessive discipline;
- ☐ Use of physical force or corporal punishment.

☐ 2. Current circumstances, combined with prior referrals of abuse/neglect and/or incident reports, suggest that the child's safety may be of immediate concern.

☐ 3. Child sexual abuse is suspected and circumstances suggest that the child's safety may be of immediate concern.

☐ 4. SCP fails to protect the child from harm or threatened harm by others. This may include physical abuse, sexual abuse, neglect, or emotional abuse.

☐ 5. SCP's explanation for the injury to the child is questionable or inconsistent with the type of injury.

☐ 6. SCP hinders/refuses access to the child.

☐ 7. SCP does not meet the child's needs for supervision, food, clothing, and/or medical or mental health care.

☐ 8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

☐ 9. SCP's current use of a legal or illegal substance impairs his/her ability to supervise, protect, or care for the child.

☐ 10. Domestic violence exists/existed in the household.

☐ 11. SCP routinely describes the child in negative terms or acts towards the child in negative ways.

☐ 12. SCP's emotional stability, developmental status, or cognitive deficiency impairs his/her current ability to supervise, protect, or care for the child.

☐ 13. Other (specify): _____

SECTION 2: SAFETY INTERVENTIONS

If no safety threats are present, proceed to Section 3. If one or more safety threats are present, consider whether safety interventions 1–6 will allow the child to remain in the household for the present time. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the household, indicate by marking item 7, and follow procedures for initiating a removal of the child from the household to an alternative placement resource.

Mark all that apply:

☐ 1. Intervention or direct services by worker.

☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.

☐ 3. Use of community agencies or services as safety resources.

☐ 4. Have the SCP appropriately protect the victim from the alleged perpetrator.

☐ 5. Have the alleged perpetrator leave the household, either voluntarily or in response to legal action.

☐ 6. Other (specify): _____

_____

_____

☐ 7. Removal from current placement is necessary because interventions 1–6 do not adequately ensure the child's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by checking the appropriate line below. This decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Check one line only.

☐ 1. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of harm.

☐ 2. One or more safety threats are present and protective safety interventions have been planned or taken. Based on protective interventions, the child will remain in the household at this time. **A safety plan must be completed.**

☐ 3. One or more safety threats are present, and removal from the household is the only protective intervention possible for one or more children. Without removal, one or more children will likely be in danger of immediate harm.

Foster Children Removed	Foster Children Not Removed
1.	1.
2.	2.
3.	3.
4.	4.

Caseworker Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____

Copy the appropriate individuals according to agency policy.

CALIFORNIA
SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT
DEFINITIONS

General Definitions

Foster child: Any child for whom the department has legal protective custody, including children for whom adoption is pending and has not yet been finalized.

Legal guardian: A person who has the legal authority and duty to care for a child.

Substitute care provider (SCP): A person providing out-of-home care to children, including approved relatives or non-related extended family members; and licensed foster homes, foster family homes, and/or small family homes.

SECTION 1. SAFETY THREATS

1. SCP caused physical harm to the child or made a plausible threat to cause physical harm in the current investigation, as indicated by any of the following:

- Any non-accidental injury or abuse to any child in the household.
- SCP fears he/she will maltreat the child and/or requests removal.
- Threat to cause harm or retaliate against the child; threat of action which could result in harm; or plans to retaliate against the child for CPS investigation.
- Excessive discipline: SCP has acted in a way that bears no resemblance to reasonable discipline.
- Use of physical force or corporal punishment.

2. Current circumstances, combined with prior referrals of abuse/neglect and/or incident reports, suggest that the child's safety may be of immediate concern.
There must be both current concerns AND related previous referrals/incidents that represent an emerging or unresolved pattern. Previous incidents may include any of the following:

- Prior incident reports, including any licensing complaints or citations.
- Prior referrals of abuse/neglect to the child.
- Evidence of prior unreported injuries or incidents.

3. Child sexual abuse is suspected and circumstances suggest that the child's safety may be of immediate concern.
Suspicion of sexual abuse may be based on indicators such as the following:

- The child discloses sexual abuse either verbally or behaviorally (e.g., age-inappropriate, sexualized behavior toward self or others).

- Medical findings consistent with molestation.

- SCP or others in household have been convicted, investigated, or accused of sexual misconduct with the child.

- Indications of poorly defined or questionable sexual boundaries between household members; and/or SCP engages in or permits other household members to engage in behaviors that infringe upon appropriate sexual boundaries. Based on age, gender, and developmental status of household members, examples of inappropriate and/or poorly defined sexual boundaries may include such things as non–gender-specific sleeping arrangements, showering/bathing practices, exposure to nudity or sexually explicit materials, etc.

- Access to the child by possible or confirmed sexual abuse perpetrator exists.

4. SCP fails to protect the child from harm or threatened harm by others. This may include physical abuse, sexual abuse, neglect, or emotional abuse.

- SCP fails to protect the child from harm or threatened harm as a result of physical abuse, neglect, sexual abuse, or emotional abuse by other family members, other household members, or others having regular access to the child. Based on the child's age or developmental stage, SCP does not provide supervision necessary to protect the child from potential harm by others.

- An individual(s) with known violent criminal behavior/history resides in the household, or SCP allows access to the child.

5. SCP's explanation for the injury to the child is questionable or inconsistent with the type of injury.

- Medical evaluation indicates injury is consistent with abuse; SCP denies, or attributes injury to accidental causes.

- SCP's explanation for the observed injury is inconsistent with the type of injury.

- SCP's description of the injury or cause of the injury minimizes the extent of harm to the child.

- Factors to consider include age of the child, location of injury, exceptional needs of the child, or chronicity of injuries.

6. SCP hinders/refuses access to the child.

- SCP currently refuses or hinders access to the child.

- SCP has removed the child from a hospital against medical advice.

- SCP keeps the child at home, away from peers, school, and other outsiders for extended periods of time.

- SCP intentionally coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation.

7. SCP does not meet the child's needs for supervision, food, clothing, and/or medical or mental health care.

- Nutritional needs of the child are not met, resulting in danger to the child's health and/or safety; the child appears malnourished; or there is insufficient food in the home.

- The child is without warm clothing in cold weather.

- SCP does not seek treatment for the child's medical/dental/vision condition(s) or does not follow prescribed treatment for such conditions.

- The child has special needs, such as being medically fragile, which SCP does not or cannot meet.

- The child has serious emotional symptoms, lack of behavioral control, or psycho-somatic symptoms (e.g., sleep/appetite disturbance) and SCP will not/cannot seek or provide appropriate interventions.

- SCP does not attend to the child to the extent that the child's need for care goes unnoticed or unmet (e.g., SCP is present but the child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).

- SCP leaves the child alone (time period varies with age and developmental stage).

- SCP is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown) or incapacitated (e.g., injured, ill).

- SCP makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for the child's care.

8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to the following:

- Leaking gas from stove or heating unit.

- Substances or objects accessible to the child that may endanger the health and/or safety of the child.

- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions made.
- Open windows/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.
- Unrestricted access to pool or other body of water as required by licensing policy.
- Blocked exits or unmarked exit routes.
- Missing or non-functioning smoke detectors.
- Un-gated stairways.
- Unsafe sleeping arrangements.

9. SCP's current use of a legal or illegal substance impairs his/her ability to supervise, protect, or care for the child.

SCP uses legal or illegal substances, including alcohol, to the extent that control of his or her actions is impaired. As a result, SCP was/is unable to care for the child; has harmed the child; or is likely to harm the child.

10. Domestic violence exists/existed in the household.

- The child is or has been exposed to domestic violence in the household.
- The child exhibits anxiety or other symptoms (e.g., nightmares, insomnia, aggression, bedwetting) related to situations associated with domestic violence in the household.

11. SCP routinely describes the child in negative terms or acts towards the child in negative ways.

- SCP describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- SCP curses and/or repeatedly puts the child down.

- SCP scapegoats a particular child in the household.
- SCP blames the child for a particular incident or household problems.
- SCP treats the child in markedly different ways that may stigmatize the child.
- SCP interferes with the child's reunification or adoption (e.g., interferes with visitation or communication with birth parent, makes negative comments about the child's birth/adoptive family).
- SCP undermines the child's cultural identity.

12. SCP's emotional stability, developmental status, or cognitive deficiency impairs his/her current ability to supervise, protect, or care for the child.

- SCP's refusal to take prescribed medications impedes his/her ability to care for the child.
- SCP's inability to control his/her emotions impedes his/her ability to care for the child.
- SCP acts out or exhibits distorted perception that impedes his/her ability to care for the child.
- SCP's depression impedes his/her ability to care for the child.
- SCP expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, be still for extended periods, be toilet trained, eat neatly; or older children expected to care for younger siblings or stay alone).
- SCP lacks the basic knowledge related to parenting skills:
  - » Does not know that infants need regular feedings;
  - » Fails to access and obtain basic/emergency medical care;
  - » Does not understand what constitutes proper diet; or
  - » Does not understand what constitutes adequate supervision.

13. Other (specify):

Circumstances or conditions that pose an immediate threat of serious harm to a child not already described in safety threats 1-12

SECTION 2. SAFETY INTERVENTIONS

Safety interventions are actions taken to specifically mitigate any identified safety threats. They should address immediate safety considerations rather than long-term changes. Follow county policies whenever applying any of the safety interventions.

1. Intervention or direct services by worker.

Actions taken or planned by the investigating worker or other CPS staff that specifically address one or more safety threats. Examples include providing information about non-violent disciplinary methods, the child's development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining restraining orders; and providing definition of child abuse laws and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE the investigation itself or services provided to respond to family needs that do not directly affect safety.

2. Use of family, neighbors, or other individuals in the community as safety resources.

Applying the family's own strengths as resources to mitigate safety concerns; using extended family members, neighbors, or other individuals to mitigate safety concerns; agreement by a neighbor or relative to serve as a safety net for the child.

3. Use of community agencies or services as safety resources.

Involving community-based organization, faith-related organization, or other agency in activities to address safety concerns. DOES NOT INCLUDE long term therapy or treatment or being put on a waiting list for services.

4. Have the SCP appropriately protect the victim from the alleged perpetrator.

SCP has acknowledged the safety concerns and is able and willing to protect the child from the alleged perpetrator.

5. Have the alleged perpetrator leave the household, either voluntarily or in response to legal action.

Removal of the alleged perpetrator. Examples include arrest of alleged perpetrator, "kicking out" alleged perpetrator who has no legal right to residence, or perpetrator agrees to leave.

6. Other.

The family or worker identified a unique intervention for an identified safety concern that does not fit within items 1–5.

7. Removal from current placement is necessary because interventions 1–6 do not adequately ensure the child's safety.

One or more children are removed from the current placement to an alternative placement resource.

CALIFORNIA
SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT
POLICY AND PROCEDURES

Which Cases: All investigations of alleged abuse/neglect by an SCP, including the following:

- licensed foster homes;
- non-related extended family members (NREFM);
- approved relative homes;
- certified foster family agencies (FFA);
- small family homes;
- adoptive parents if the adoption has not yet been finalized; or
- legal guardians where a dependency case is still open (i.e., the department has protective responsibility for the child).

Excludes group homes, institutions, and residential treatment centers.

When: As part of the investigation, prior to leaving the child in the home—documented within two working days of the first face-to-face contact with the alleged child victim. If needed, a subsequent SCP safety assessment may be completed to assess changes in safety during the investigation.

Who: The investigating social worker.

Decision: Guides the decision to remove a foster child from the SCP's home based on whether threats to safety are present in the household and whether interventions are available and appropriate to maintain placement.

Appropriate Completion: Workers should familiarize themselves with the items that are included on the safety assessment and the accompanying definitions. Workers will notice that the items on the tool are very similar to the items on the safety assessment for child protective service investigations.

Use of the safety assessment ensures that every worker is assessing the same items in each investigation of abuse/neglect by an SCP, and that the responses to these items lead to specific decisions. Once a worker is familiar with the items that must be assessed to complete the tool, the worker should conduct his/her initial contact as he/she normally would, using good social work practice to collect information from the child, SCP, and/or collateral sources. The SDM system ensures that the specific items that comprise the safety assessment are assessed at some time during the initial contact.

Enter the primary SCP name and record the type of home being assessed. List the referral names and numbers of any related referrals for other foster children in the home. Complete one assessment per referral.

Additionally, record the names of all foster children in the home and their ages, including children in adoptive status for whom the adoption has not yet been finalized.

Enter the date the safety assessment was completed, which should be the date that the worker made initial face-to-face contact with the child(ren) to assess safety, which may be different than the date that the form is being completed in webSDM.

The safety assessment consists of three sections:

1. **Safety Threats.** This is a list of critical threats that must be assessed by every worker in every investigation of alleged abuse/neglect by an SCP. These threats cover the kinds of conditions that, should they exist, would render a child in danger of harm. Because not every conceivable safety threat can be anticipated or listed on a form, an "other" category permits a worker to indicate that some other circumstance creates a safety threat; that is, there is something other than the listed categories causing the worker to believe that the child is in danger of being harmed.

   For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some is deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 safety threats and accompanying definitions. For each item, consider all foster children in the home. If the safety threat is present, based on available information, mark that item "yes." If the safety threat is not present, mark that item "no." If there are circumstances that the worker determines to be a safety threat and these circumstances are not described by one of the existing items, the worker should mark "other" and briefly describe the threat.

2. **Safety Interventions.** This section is completed only if one or more safety threats are identified. If one or more safety threats are present, it does not automatically follow that a child must be removed from the SCP's home. In many cases, it will be possible to initiate a temporary plan that will mitigate the safety threat(s) sufficiently so that the child may remain in the home while the investigation continues.

The safety intervention list contains general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety threat(s), and whether there is reason to believe the SCP will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention, the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the SCP would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not intended to solve the household's problems or provide long-term answers. A safety plan permits a child to remain home during the course of the investigation.

If one or more safety threats are identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will be removed from the SCP's home.

If one or more interventions will be implemented, mark each category that will be used. If there is an intervention that will be implemented that does not fit in one of the categories, mark item 6 and briefly describe the intervention. Safety intervention #7 is used only when it is determined that no other interventions are available or appropriate to mitigate safety threats that would allow the current placement to continue.

3. Safety Decision. In this section, the worker records the result of the safety assessment. There are three choices:

1. No safety threats were identified at this time. Select this safety decision if no safety threats are identified. The SDM assessment guides the worker to leave the child in the home for the present.

2. One or more safety threats are present, and protective safety interventions have been planned or taken. Select this safety decision if one or more safety threats are identified and the worker is able to identify sufficient protective interventions that lead the worker to believe that the child may remain in the home for the present time.
3. One or more safety threats are present and removal from the household is the only protective intervention possible for one

or more children. Select this safety decision if the worker determines that the child cannot be safely kept in the home even after considering a complete range of interventions. It is possible that the worker will determine that interventions make it possible for one child to remain in the home while another must be removed. Select this safety decision if ANY child is removed from the home.

If one or more children are placed, list the names of foster children who are removed from the home and the names of any foster children who were not removed from the home.

Safety Plan: A safety plan is required whenever the safety decision is #2. Individual counties should use their own safety plan form. The following must be included in any safety plan:

1. A description of each safety threat identified in Section 1.

2. Information written in a family-friendly manner.

3. Detailed information for each planned safety intervention.

4. Information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action).

5. Signatures lines for family members, the worker, and his/her supervisor.

Note: The safety plan should be documented in CWS/CMS.

The safety plan MUST be completed with the SCP, and a copy should be left with the family.

CALIFORNIA
FAMILY RISK ASSESSMENT

r: 05-08

Referral Name: _____ **Referral #:** _____ **Date:** ___/___/___

County Name: _____ **Worker Name:** _____ **Worker ID#:** _____

NEGLECT **Score**

N1. Current Report Is for Neglect
- a. No....0
- b. Yes....1 _____

N2. Prior Investigations (*assign highest score that applies*)
- a. None....-1
- b. One or more, abuse only....1
- c. One or two for neglect....2
- d. Three or more for neglect....3 _____

N3. Household Has Previously Received CPS (*voluntary/court ordered*)
- a. No....0
- b. Yes....1 _____

N4. Number of Children Involved in the Child Abuse/Neglect Incident
- a. One, two, or three....0
- b. Four or more....1 _____

N5. Age of Youngest Child in the Home
- a. Two or older....0
- b. Under two....1 _____

N6. Characteristics of Children in Household *(add for score)*
- a. Not applicable....0
- b. One or more present (*mark all applicable and add)*
  - ☐ Developmental, learning, or physical disability....1
    - ☐ Developmental ☐ Learning ☐ Physical
  - ☐ Medically fragile or failure to thrive....1
  - ☐ Mental health or behavioral problem....1 _____

N7. Primary Caregiver Provides Physical Care Inconsistent with Child Needs
- a. No....0
- b. Yes....1 _____

N8. Primary Caregiver Has a History of Abuse or Neglect as a Child
- a. No....0
- b. Yes....1 _____

N9. Primary Caregiver Has/Had a Mental Health Problem
- a. None/not applicable....0
- b. One or more apply....1 _____

N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem
- a. None/not applicable....0
- b. One or more apply (*mark all applicable*)....2 _____
  - ☐ Alcohol (☐ Last 12 months and/or ☐ Prior 12 months)
  - ☐ Drugs (☐ Last 12 months and/or ☐ Prior 12 months)
    - ☐ Marijuana ☐ Methamphetamine ☐ Heroin ☐ Cocaine
    - ☐ Other: _____

N11. Primary Caregiver Has Criminal Arrest History
- a. No....0
- b. Yes....1 _____

N12. Current Housing
- a. Not applicable....0
- b. One or more apply....1 _____
  - ☐ Physically unsafe, AND/OR
  - ☐ Family homeless

TOTAL NEGLECT RISK SCORE _____

ABUSE **Score**

A1. Current Report Is for Physical Abuse
- a. No....0
- b. Yes....1 _____

A2. Number of Prior Investigations
- a. None....-1
- b. One or more, neglect only....0
- c. One for abuse....1
- d. Two or more for abuse....2 _____

A3. Household Has Previously Received CPS (*voluntary/court ordered*)
- a. No....0
- b. Yes....1 _____

A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child
- a. None/not applicable....0
- b. One or more apply....1 _____
  - ☐ Prior physical injury to a child resulting from CA/N
  - ☐ Prior substantiated physical abuse of a child

A5. Number of Children Involved in the Child Abuse/Neglect Incident
- a. One, two, or three....0
- b. Four or more....1 _____

A6. Characteristics of Children in Household (*score 1 if any present*)
- a. Not applicable....0
- b. One or more present (*mark all applicable*)....1 _____
  - ☐ Delinquency history
  - ☐ Developmental disability
  - ☐ Learning disability
  - ☐ Mental health or behavioral problem

A7. Two or More Incidents of Domestic Violence in the Household in the Past Year
- a. No....0
- b. Yes....1 _____

A8. Primary Caregiver Employs Excessive/Inappropriate Discipline
- a. No....0
- b. Yes....1 _____

A9. Primary Caregiver Is Domineering
- a. No....0
- b. Yes....1 _____

A10. Primary Caregiver Has a History of Abuse or Neglect as a Child
- a. No....0
- b. Yes....1 _____

A11. Primary Caregiver Has/Had a Mental Health Problem
- a. No....0
- b. One or more apply....1 _____
  - ☐ During the last 12 months
  - ☐ Prior to the last 12 months

TOTAL ABUSE RISK SCORE _____

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse indices, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
☐ -1–1	☐ -1–0	☐ Low
☐ 2–5	☐ 1–3	☐ Moderate
☐ 6–8	☐ 4–6	☐ High
☐ 9 +	☐ 7 +	☐ Very High

POLICY OVERRIDES. Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override the final risk level to very high.

☐ Yes ☐ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
☐ Yes ☐ No 2. Non-accidental injury to a child under age two years.
☐ Yes ☐ No 3. Severe non-accidental injury.
☐ Yes ☐ No 4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, increase risk by one level, and indicate reason.

☐ Yes ☐ No 5. If yes, override risk level (mark one): ☐ Moderate ☐ High ☐ Very High
Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ___/___/___

FINAL RISK LEVEL (mark final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very High

RECOMMENDED DECISION

Final Risk Level	Recommendation
Low	Do Not Promote*
Moderate	Do Not Promote*
High	Promote
Very High	Promote

*Unless there are unresolved safety threats.

PLANNED ACTION:
☐ Promote
☐ Do Not Promote

If recommended decision and planned action do not match, explain why:

_____

SUPPLEMENTAL ITEMS

Note: These items should be recorded, but are not scored.

1. Primary caregiver characteristics:

	Yes	No	
a.	☐	☐	Blames child
b.	☐	☐	Provides insufficient emotional/psychological support

2. Secondary caregiver characteristics:

☐ No secondary caregiver

	Yes	No	
a.	☐	☐	Has history of abuse/neglect as a child
b.	☐	☐	Has/had mental health problem
			☐ During the last 12 months ☐ Prior to the last 12 months
c.	☐	☐	Has/had an alcohol and/or drug problem (*mark all applicable*)
			☐ Alcohol (☐ Last 12 months and/or ☐ Prior 12 months)
			☐ Drugs (☐ Last 12 months and/or ☐ Prior 12 months)
			☐ Marijuana ☐ Methamphetamine ☐ Heroin ☐ Cocaine
			☐ Other: _____
d.	☐	☐	Employs excessive/inappropriate discipline
e.	☐	☐	Domineering
f.	☐	☐	Secondary caregiver has criminal arrest history

CALIFORNIA
FAMILY RISK ASSESSMENT
DEFINITIONS

NEGLECT INDEX

N1. Current Report Is for Neglect

Score 1 if the current report is for any type of neglect. This includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver absence/incapacity.

This applies to referred allegations as well as allegations made during the course of the investigation.

N2. Prior Investigations

Choose the appropriate score based on the number of prior investigations and the type of complaint investigated. For differential response referrals, include Paths 2 and 3. Consider all adults in the household and count prior investigations for which they were alleged to be perpetrators.

a. Score -1 if there were no investigations prior to the current investigation. **Do not** include referrals that were not assigned for investigation.

b. Score 1 if there were one or more investigations, substantiated or not, for any type of abuse prior to the current investigation. Abuse includes physical, emotional, or sexual abuse/sexual exploitation. **Do not** include referrals that were not assigned for investigation.

c. Score 2 if there were one or two investigations, substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations. Neglect includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver being absent/incapacitated. **Do not** include referrals that were not assigned for investigation.

d. Score 3 if there were three or more investigations, substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations. Neglect includes severe and general neglect, exploitation (excluding sexual exploitation), and caregiver being absent/incapacitated. **Do not** include referrals that were not assigned for investigation.

Where possible, history from other county or state jurisdictions should be marked. Exclude investigations of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect.

N3. Household Has Previously Received CPS (voluntary/court ordered)

Score 1 if the household has previously received CPS or is currently receiving services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

N4. Number of Children Involved in the Child Abuse/Neglect Incident

Choose the appropriate score given the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation.

N5. Age of Youngest Child in the Home

Choose the appropriate score given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

N6. Characteristics of Children in Household

Score this item based on credible statements by caregiver that a child has been diagnosed, statements from a physician or mental health professional, or review of records.

a. Score 0 if no child in the household exhibits characteristics listed below.

b. Score the appropriate amount (maximum 3) if one or more of the following characteristics are present for a child in the home and mark which are applicable:

- Score 1 if any child has a developmental, learning, or physical disability and mark which type is present.
  - » Developmental disability: A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.
  - » Learning disability: Child has an Individualized Education Plan (IEP) to address a learning problem such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.
  - » Physical disability: A severe acute or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.
- Score 1 if any child is medically fragile or diagnosed with failure to thrive.
  - » Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and that requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members; and that requires the routine use of a medical device or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living; and the child lives with ongoing threat to his or her continued well-being.

Examples include a child who requires a trach-vent for breathing or a g-tube for eating.

» Failure to thrive: A diagnosis of failure to thrive by a physician.

- Score 1 if any child has a mental health or behavioral problem. Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis 1 diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.

N7. Primary Caregiver Provides Physical Care Inconsistent with Child Needs

Score 1 if physical care of the child (lack of age-appropriate feeding, clothing, shelter, hygiene, or medical care) threatens the child's well-being or results in harm to the child. Examples include the following:

- repeated failure to obtain standard immunizations;
- failure to obtain medical care for severe or chronic illness;
- repeated failure to provide the child with weather-appropriate clothing;
- persistent rat or roach infestations;
- inadequate or inoperative plumbing or heating.
- poisonous substances or dangerous objects lying within reach of small child;
- the child wears filthy clothes for extended periods of time;
- the child is not being bathed on a regular basis, resulting in dirt caked on skin and hair and a strong odor.

N8. Primary Caregiver Has a History of Abuse or Neglect as a Child

Score 1 if credible statements by the primary caregiver or others, or state records of past allegations, indicate that the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

N9. Primary Caregiver Has/Had a Mental Health Problem

a. Score 0 if the primary caregiver does not have a current or past mental health problem.

b. Score 1 if credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver:

- has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician;

- has had repeated referrals for mental health/psychological evaluations; or

- was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem

a. Score 0 if the primary caregiver does not have and never has had a drug or alcohol problem.

b. Score 2 if the primary caregiver has a past or current alcohol and/or drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:

- substance use that affects or affected employment, criminal involvement, or marital or family relationships; and/or that affects or affected caregiver's ability to provide protection, supervision, and care for the child;

- an arrest in the past two years for driving under the influence (DUI) or refusing breathalyzer testing;

- self-report of a problem;

- treatment received currently or in the past;

- multiple positive urine samples;

- health/medical problems resulting from substance use and/or abuse;

- the child's diagnosis with Fetal Alcohol Syndrome or Exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caregiver was birthing parent.

Legal, non-abusive prescription drug use should not be scored.

Indicate whether the alcohol and/or drug problem was/is present DURING the past 12 months **and/or** was present PRIOR to the last 12 months. If drug use during the past 12 months is marked, also indicate type of drug used. Mark all that apply.

N11. Primary Caregiver Has Criminal Arrest History

Score 1 if the primary caregiver has been arrested or convicted prior to the current complaint as either an adult or a juvenile. This includes DUI, but excludes all other traffic offenses. Information may be located in the case narrative material, reports from other agencies, etc. Also review any police reports in the file for this information.

N12. Current Housing

a. Score 0 if the family has housing that is physically safe.

b. Score 1 if any of the following apply:

- The family has housing, but the current housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (e.g., exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food).

- The family is homeless or was about to be evicted at the time the investigation began. Consider as "homeless" people who are living in a shelter and those living on a short-term basis with relatives or friends.

ABUSE INDEX

A1. Current Report Is for Physical Abuse

Score 1 if the current report is for physical abuse. This includes substantiation of referred allegations or allegations made during the course of the investigation.

A2. Number of Prior Investigations

Score the appropriate amount given the count of all investigations, substantiated or not, that were assigned for CPS investigation. For differential response referrals, include Paths 2 and 3. Consider all adults in the household and count prior investigations for which they were alleged to be perpetrators.

a. Score -1 if there were no prior investigations.

b. Score 0 if there were one or more neglect investigations but no abuse investigations.

c. Score 1 if there was one prior abuse investigation (physical, emotional, or sexual abuse/exploitation) regardless of whether there were any neglect investigations.

d. Score 2 if there were two or more prior abuse investigations (physical, emotional, or sexual abuse/exploitation) regardless of whether there were any neglect investigations.

Where possible, abuse history from other county or state jurisdictions should be marked. Exclude investigations of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect.

A3. Household Has Previously Received CPS (voluntary/court ordered)

Score 1 if household has previously <u>received</u> CPS or is currently <u>receiving</u> services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

A4. Prior Physical Injury to a Child Resulting from Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child

Score 1 if a child sustained an injury resulting from abuse and/or neglect prior to the complaint that resulted in the current investigation. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization such as a bone fracture or burn; OR if there was prior substantiated physical abuse to a child involving a current household member as a perpetrator.

A5. Number of Children Involved in the Child Abuse/Neglect Incident

Choose the appropriate score given the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation.

A6. Characteristics of Children in Household

Score this item based on credible statements by caregiver that a child has been diagnosed, statements from a physician or mental health professional, or review of records.

a. Score 0 if no child in the household exhibits characteristics listed below.

b. Score 1 if one or more of the following characteristics are present for a child in the home, and mark which are applicable:

- Delinquency history: Any child in the household has been referred to juvenile court for delinquent or status offense behavior. Status offenses that are not brought to court attention but that create stress within the household should also be scored, such as children who run away or are habitually truant.

- Developmental disability: A severe chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.

- Learning disability: Child has an IEP to address a learning problem such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.

- Mental health or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis 1 diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medication.

A7. Two or More Incidents of Domestic Violence in the Household in the Past Year

Score 1 if in the previous year there have been two or more physical assaults or multiple periods of intimidation/threats/harassment between caregivers or between a caregiver and another adult.

A8. Primary Caregiver Employs Excessive/Inappropriate Discipline

a. Score 0 if the primary caregiver does not employ excessive/inappropriate discipline.

b. Score 1 if the primary caregiver employs excessive/inappropriate discipline. Disciplinary practices caused or threatened harm to the child because they were excessively harsh physically or emotionally and/or were inappropriate to the child's age or development. Examples include locking the child in a closet or basement, holding the child's hand over fire, hitting the child with dangerous instruments, or depriving a young child of physical and/or social activity for extended periods.

A9. Primary Caregiver Is Domineering

a. Score 0 if the primary caregiver is not domineering.

b. Score 1 if the primary caregiver is domineering, indicated by controlling, abusive, overly restrictive, or unfair behavior, or overreactive rules.

A10. Primary Caregiver Has a History of Abuse or Neglect as a Child

Score 1 if credible statements by the primary caregiver or others indicate that the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

A11. Primary Caregiver Has/Had a Mental Health Problem

a. Score 0 if the primary caregiver does not have a current or past mental health problem.

b. Score 1 if credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver:

- has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician;
- has had repeated referrals for mental health/psychological evaluations; or
- was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

Indicate whether the mental health problem was/is present DURING the past 12 months **and/or** was present PRIOR to the last 12 months.

SUPPLEMENTAL ITEMS

1. Primary caregiver characteristics

a. **Blames child.** The primary caregiver blames the child for the incident. Blaming refers to the caregiver's statement that the maltreatment incident occurred because of the child's action or inaction (e.g., claiming that the child seduced him/her or the child deserved beating because he/she misbehaved).

b. **Provides insufficient emotional/psychological support.** The primary caregiver provides insufficient emotional/psychological support to the child, such as persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.

2. Secondary caregiver characteristics

☐ **No secondary caregiver.** Mark this if there is no secondary caregiver.

a. **Has history of abuse/neglect as a child.** Credible statements by the secondary caregiver or others indicate that the secondary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

b. **Has/had mental health problem.** Credible and/or verifiable statements by the secondary caregiver or others indicate that the secondary caregiver:

- has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician;
- has had repeated referrals for mental health/psychological evaluations; or
- was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

Indicate whether the mental health problem was/is present DURING the past 12 months **and/or** was present PRIOR to the last 12 months.

c. **Has/had an alcohol and/or drug problem.** Secondary caregiver has a past or current alcohol and/or drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:

- substance use that affects or affected employment, criminal involvement, or marital or family relationships; and/or that affects or affected secondary caregiver's ability to provide protection, supervision, and care for the child;
- an arrest in the past two years for driving under the influence (DUI) or refusing breathalyzer testing;

- self-report of a problem;
- treatment received currently or in the past;
- multiple positive urine samples;
- health/medical problems resulting from substance use and/or abuse;
- the child's diagnosis with Fetal Alcohol Syndrome or Exposure (FAS or FAE), or the child's positive toxicology screen at birth and the secondary caregiver was birthing parent.

Legal, non-abusive prescription drug use should not be scored.

Indicate whether the problem is related to alcohol, drugs, or both, **and** whether alcohol or drug problem was/is present DURING the past 12 months, **and/or** was present PRIOR to the last 12 months. If drug use during the past 12 months is marked, also indicate type of drug used. Mark all that apply.

d. **Employs excessive/inappropriate discipline.** The secondary caregiver employs excessive/inappropriate discipline. Disciplinary practices caused or threatened harm to the child because they were excessively harsh physically or emotionally and/or were inappropriate to the child's age or development. Examples include locking the child in a closet or basement, holding the child's hand over fire, hitting the child with dangerous instruments, or depriving a young child of physical and/or social activity for extended periods.

e. **Domineering.** Secondary caregiver is domineering, indicated by controlling, abusive, overly restrictive, or unfair behavior, or overreactive rules.

f. **Secondary caregiver has criminal arrest history.** Mark yes if the secondary caregiver has been arrested or convicted prior to the current complaint as either an adult or a juvenile. This includes DUI, but excludes all other traffic offenses. Information may be located in the case narrative material, reports from other agencies, etc. Also review any police reports in the file for this information.

CALIFORNIA
FAMILY RISK ASSESSMENT
POLICY AND PROCEDURES

Risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

Which Cases: Required for all substantiated and inconclusive referrals; also recommended to be completed on unfounded referrals.

Who: The social worker who is responding to the referral.

When: After the safety assessment has been completed and the worker has reached a conclusion regarding the allegation AND prior to the referral being closed or promoted to a case. This is no later than 30 days from the first face-to-face contact.

For children in out-of-home care with a return home goal, if a second parent living in a separate household will receive child welfare services, complete a base-line risk assessment within 30 days of identifying that parent. (Note: This risk assessment is completed within a CASE in webSDM).

Decision: Identifies the level of risk of future maltreatment. The risk level guides the decision to close a referral or promote a referral to a case.

Risk-Based Case Open/Close Guide	
Risk Level	**Recommendation**
Low	Close*
Moderate	Close*
High	Open
Very High	Open

*When unresolved safety threats are still present at the end of the investigation, the referral should be promoted to a case regardless of risk level.

For open cases, the risk level guides the minimum contact guidelines (see Section V of this manual).

Appropriate Completion:

The risk assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as the prior history of the family. Only one household can be assessed on the risk assessment form. Always assess the household in which the child abuse/neglect incident is alleged. Complete a second risk assessment for non-custodial parents who will receive reunification services.

Scoring Individual Items:
A score for each assessment item is derived from the worker's observation of the characteristics it describes. Some characteristics are objective (such as prior child abuse/neglect history or the age of the child). Others require the worker to use discretionary judgment based on his/her assessment of the family. Sources of information used to determine the worker's endorsement of an item may include statements by the child, caregiver, or collateral persons; worker observations; reports; or other reliable sources.

The worker should refer to the definitions to determine his/her selection for each item.

After all index items are scored, the worker totals the score and indicates the corresponding risk level for each index. Next, the scored risk level (which is the higher of the abuse or neglect risk scores) is entered.

Counting Prior CPS History:
Include prior investigations in which an adult household member was alleged as a perpetrator (N2, A2) and prior cases involving an adult household member (N3, A3).

Policy Overrides:
After completing the risk assessment, the worker determines whether any of the policy override reasons exist. Policy overrides reflect incident seriousness and/or child vulnerability concerns and have been determined by the agency to warrant a risk level designation of very high regardless of the risk level indicated by the assessment tool. Policy overrides require supervisory approval.

Note: Mark yes or no as appropriate for each policy override.

1. Sexual abuse case AND the perpetrator is likely to have access to the child.

2. Non-accidental injury to a child under age two years.

3. Severe non-accidental injury (e.g., brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that requires medical treatment and seriously impairs the health or well-being of the child).

4. Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Discretionary Override:
A discretionary override is applied by the worker to increase the risk level in any case in which the worker believes that the risk level set by the risk assessment is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the risk assessment. Discretionary overrides may increase the risk level by one unit (e.g., from low to moderate OR moderate to high, but NOT from low to high).* Discretionary overrides require supervisory approval.

After completing the override section, indicate the final risk level, which is the highest of the scored risk level, policy override risk level (which is always very high), or discretionary risk level.

Disposition:
WebSDM will display the recommended response based on the risk-based case open/close guide. Enter the actual case disposition (promoted to case or not promoted to case). If the recommended response differs from the actual disposition, provide an explanation.

Examples of explanation include the following:

- Promoting a low or moderate risk family to a case:
  - » Unresolved safety threats. Based on SDM safety assessment, one or more safety threats could not be resolved.
- Not promoting a high or very high risk to a case:
  - » Family declined voluntary FM services AND no petition. Family was informed of their high or very high risk and was encouraged to accept voluntary family maintenance services. The family declined AND no petition will be filed. Mark this item even if family does accept any non-CPS services.
  - » Family is receiving or has been connected with community services that will address priority needs and/or contributing factors. The family is already engaged in services OR the worker will assist the family in making connections to community services (worker is certain that an appointment was made and verifies follow-through). These services are directly related to the priority needs identified using the FSNA or other means to identify factors that contribute to risk.

*At the time of risk reassessments, discretionary overrides may increase *or decrease* risk by one level. However, at the time of initial assessment, risk level may only be increased.

CALIFORNIA
FAMILY STRENGTHS AND NEEDS ASSESSMENT
(For Caregivers and Children)

r: 10-07

Case Name: _____ **Case Number:** _____

Referral Date: ___/___/___ **Date of Assessment:** ___/___/___ **Initial** or **Reassess #:** ☐1 ☐2 ☐3 ☐4 ☐5 ___

County: _____ **Worker:** _____

1. Child Name: _____ **Case #:** _____ **4. Child Name:** _____ **Case #:** _____

2. Child Name: _____ **Case #:** _____ **5. Child Name:** _____ **Case #:** _____

3. Child Name: _____ **Case #:** _____ **6. Child Name:** _____ **Case #:** _____

Primary Caregiver: _____ **Secondary Caregiver:** _____

The following items should be considered for each family/household member. Worker should base the score on his/her assessment for each item, taking into account the family's perspective, child's perspective where appropriate, worker observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response. Enter the score for each item.

A. CAREGIVER—Rate each caregiver.

		Caregiver Score	
		Primary	**Secondary**
SN1.	**Substance Abuse/Use**		
	(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs)		
	a. Teaches and demonstrates a healthy understanding of alcohol and drugs ..... +3		
	b. Alcohol or prescribed drug use/no use 0		
	c. Alcohol or drug abuse ..... -3		
	d. Chronic alcohol or drug abuse ..... -5	_____	_____
SN2.	**Household Relationships/Domestic Violence**		
	a. Supportive ..... +3		
	b. Minor or occasional discord 0		
	c. Frequent discord or some domestic violence ..... -3		
	d. Chronic discord or severe domestic violence ..... -5	_____	_____
SN3.	**Social Support System**		
	a. Strong support system ..... +2		
	b. Adequate support system 0		
	c. Limited support system ..... -2		
	d. No support system ..... -4	_____	_____
SN4.	**Parenting Skills**		
	a. Strong skills ..... +2		
	b. Adequately parents and protects child 0		
	c. Inadequately parents and protects child ..... -2		
	d. Destructive/abusive parenting ..... -4	_____	_____
SN5.	**Mental Health/Coping Skills**		
	a. Strong coping skills ..... +2		
	b. Adequate coping skills 0		
	c. Mild to moderate symptoms ..... -2		
	d. Chronic/severe symptoms ..... -4	_____	_____

		Caregiver Score	
		Primary	Secondary
SN6.	**Resource Management/Basic Needs**		
a.	Resources are sufficient to meet basic needs and are adequately managed ..... +1		
b.	Resources may be limited but are adequately managed 0		
c.	Resources are insufficient or not well-managed ..... -1		
d.	No resources, or resources are severely limited and/or mismanaged ..... -3	_____	_____
SN7.	**Cultural Identity**		
a.	Cultural component is supportive and no conflict present ..... +1		
b.	No cultural component that supports or causes conflict 0		
c.	Cultural component that causes some conflict ..... -1		
d.	Cultural component that causes significant conflict ..... -3	_____	_____
SN8.	**Physical Health**		
a.	Preventive health care is practiced ..... +1		
b.	Health issues do not affect family functioning 0		
c.	Health concerns/disabilities affect family functioning ..... -1		
d.	Serious health concerns/disabilities result in inability to care for the child ..... -2	_____	_____
SN9.	**Identified Caregiver Strength/Need (not covered in SN1-SN8)**		
a	Significant strength ..... +1		
b.	Not applicable 0		
c.	Minor need ..... -1		
d.	Significant need ..... -2	_____	_____

COMMENT:_____

B. CHILD—Rate each child according to the current level of functioning.

		Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score
CSN1.	**Emotional/Behavioral**						
a.	Strong emotional adjustment ..... +3						
b.	Adequate emotional adjustment 0						
c.	Limited emotional adjustment ..... -3						
d.	Severely limited emotional adjustment ..... -5	_____	_____	_____	_____	_____	_____
CSN2.	**Physical Health/Disability**						
a.	Good health ..... +3						
b.	Adequate health 0						
c.	Minor health/disability needs ..... -3						
d.	Serious health/disability needs ..... -5	_____	_____	_____	_____	_____	_____
CSN3.	**Education**						
	Does child have a specialized educational plan? ☐ No ☐ Yes, describe: _____						
a.	Outstanding academic achievement ..... +3						
b.	Satisfactory academic achievement or child not of school age 0						
c.	Academic difficulty ..... -3						
d.	Severe academic difficulty ..... -5	_____	_____	_____	_____	_____	_____
CSN4.	**Family Relationships**						
a.	Nurturing/supportive relationships ..... +2						
b.	Adequate relationships 0						
c.	Strained relationships ..... -2						
d.	Harmful relationships ..... -4	_____	_____	_____	_____	_____	_____

		Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score
CSN5.	**Child Development**						
	a. Advanced development ..... +2						
	b. Age-appropriate development 0						
	c. Limited development ..... -2						
	d. Severely limited development ..... -4	____	____	____	____	____	____
CSN6.	**Substance Abuse**						
	a. Chooses drug-free lifestyle ..... +2						
	b. No use/experimentation 0						
	c. Alcohol or other drug use ..... -2						
	d. Chronic alcohol or other drug use ..... -4	____	____	____	____	____	____
CSN7.	**Cultural Identity**						
	a. Cultural component is supportive and no conflict present ..... +1						
	b. No cultural component that supports or causes conflict 0						
	c. Cultural component that causes some conflict ..... -1						
	d. Cultural component that causes significant conflict ..... -3	____	____	____	____	____	____
CSN8.	**Peer/Adult Social Relationships**						
	a. Strong social relationships ..... +1						
	b. Adequate social relationships 0						
	c. Limited social relationships ..... -1						
	d. Poor social relationships ..... -2	____	____	____	____	____	____
CSN9.	**Delinquent Behavior**						
	(Delinquent behavior includes any action that, if committed by an adult, would constitute a crime.)						
	a. Preventive activities ..... +1						
	b. No delinquent behavior 0						
	c Occasional delinquent behavior ..... -1						
	d. Significant delinquent behavior ..... -2	____	____	____	____	____	____
CSN10.	**Identified Child Strength/Need (not covered in CSN1-CSN9)**						
	a. Significant strength ..... +1						
	b. Not applicable 0						
	c. Minor need ..... -1						
	d. Significant need ..... -2	____	____	____	____	____	____
	COMMENT: _____						

C. PRIORITY NEEDS AND STRENGTHS

Enter item number and description of up to three most serious needs (lowest scores) and greatest strengths (highest scores) from Section A (items SN1-SN9) for each caregiver (P=Primary; S=Secondary, B=Both).

Caregiver Priority Areas of Need		**P**	**S**	**B**	**Caregiver Priority Areas of Strength**		**P**	**S**	**B**
1. _____	_____	____	____	____	1. _____	_____	____	____	____
2. _____	_____	____	____	____	2. _____	_____	____	____	____
3. _____	_____	____	____	____	3. _____	_____	____	____	____

Note: All identified child needs must be addressed in the case plan.

CALIFORNIA
FAMILY STRENGTHS AND NEEDS ASSESSMENT
(For Caregivers and Children)
DEFINITIONS

CAREGIVER

SN1. Substance Abuse/Use

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs)

a. Teaches and demonstrates a healthy understanding of alcohol and drugs. The caregiver may use alcohol or prescribed drugs; however, use does not negatively affect parenting skills and functioning; the caregiver teaches and demonstrates an understanding of the choices made about use or abstinence and the effects of alcohol and drugs on behavior and society.

b. Alcohol or prescribed drug use/no use. The caregiver may have a history of substance abuse or may currently use alcohol or prescribed drugs; however, it does not negatively affect parenting skills and functioning. Include abstinence.

c. Alcohol or drug abuse. The caregiver continues to use despite negative consequences in some areas such as family, social, health, legal, or financial. The caregiver needs help to achieve and/or maintain abstinence from alcohol or drugs.

d. Chronic alcohol or drug abuse. The caregiver's use of alcohol or drugs results in behaviors that impede ability to meet his/her own and/or his/her child's basic needs. He/she experiences some degree of impairment in most areas including family, social, health, legal, and financial. He/she needs intensive structure and support to achieve abstinence from alcohol or drugs.

SN2. Household Relationships/Domestic Violence

a. Supportive. Internal or external stressors (e.g., illness, financial problems, divorce, special needs) may be present, but the household maintains positive interactions (e.g., mutual affection, respect, open communication, empathy) and shares responsibilities mutually agreed upon by the household members. Household members mediate disputes and promote non-violence in the home. Individuals are safe from threats, intimidation, or assaults by other household members. The caregiver may have a history of domestic violence but demonstrates an effective or adequate coping ability regarding any past abuse.

b. Minor or occasional discord. Internal or external stressors are present, but the household is coping despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies such as avoidance; however, household members do not control each other or threaten physical or sexual assault, and there is no current domestic violence.

c. Frequent discord or some domestic violence. Internal or external stressors are present, and the household is experiencing increased disruption of positive

interactions coupled with lack of cooperation and/or emotional or verbal abuse. May be evidenced by the following:

- Custody and visitation issues are characterized by frequent conflicts.
- The caregiver's pattern of adult relationships creates significant stress for the child.
- Adult relationships are characterized by occasional physical outbursts that may result in minor injuries; and/or controlling behavior that results in isolation or restriction of activities. Both the offender and the victim seek help in reducing threats of violence.

d. Chronic discord or severe domestic violence. Internal or external stressors are present and the household experiences minimal positive interactions. May be evidenced by the following:

- Custody and visitation issues are characterized by harassment and/or severe conflict, such as multiple reports to law enforcement and/or CPS.
- The caregiver's pattern of adult relationships places the child at risk for maltreatment and/or contributes to severe emotional distress.
- One or more household members use regular and/or severe physical violence. Individuals engage in physically assaultive behaviors toward other household members. Violent or controlling behavior has or may result in injury.
- Neither caregiver or only one caregiver is willing to seek help in reducing threats of violence, OR previous treatment efforts have not been successful in reducing domestic violence incidents.

SN3. Social Support System

a. Strong support system. The family regularly engages with a strong, constructive, mutual-support system. Individuals interact with extended family, friends, cultural, religious, and/or community support or services that provide a wide range of resources.

b. Adequate support system. As needs arise, the family uses extended family, friends, cultural, religious, and community resources to provide support and/or services such as child care, transportation, supervision, role-modeling for caregiver(s) and child, parenting and emotional support, guidance, etc.

c. Limited support system. The family has limited support system, is isolated, or is reluctant to use available support.

d. No support system. The family has no support system and does not utilize extended family and community resources.

SN4. Parenting Skills

a. Strong skills. The caregiver displays good knowledge and understanding of age-appropriate parenting skills and integrates use on a daily basis. The caregiver expresses hope for and recognizes the child's abilities and strengths and encourages participation in family and community. The caregiver advocates for family and responds to changing needs.

b. Adequately parents and protects child. The caregiver displays adequate parenting patterns that are age-appropriate for the child in areas of expectations, discipline, communication, protection, and nurturing. The caregiver has basic knowledge and skills to parent.

c. Inadequately parents and protects child. Improvement of basic parenting skills is needed by the caregiver. The caregiver has some unrealistic expectations and gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, and/or lacks knowledge of child development that interferes with effective parenting.

d. Destructive/abusive parenting. The caregiver displays destructive/abusive parenting patterns that result in significant harm to the child.

SN5. Mental Health/Coping Skills

a. Strong coping skills. The caregiver demonstrates the ability to deal with adversity, crises, and long-term problems in a constructive manner. The caregiver demonstrates realistic and logical judgment. The caregiver displays resiliency and has a positive, hopeful attitude.

b. Adequate coping skills. The caregiver demonstrates emotional responses that are consistent with circumstances and displays no apparent inability to cope with adversity, crises, or long-term problems.

c. Mild to moderate symptoms. The caregiver displays periodic mental health symptoms including, but not limited to, depression, low self-esteem, or apathy. The caregiver has occasional difficulty dealing with situational stress, crises, or problems.

d. Chronic/severe symptoms. The caregiver displays chronic, severe mental health symptoms including, but not limited to, depression, apathy, or severe low self-esteem. These symptoms impair the caregiver's ability to perform in one or more areas of parental functioning, employment, education, or provision of food and shelter.

SN6. Resource Management/Basic Needs

a. Resources are sufficient to meet basic needs and are adequately managed. The caregiver has a history of consistently providing safe, healthy, and stable housing; nutritional food; and clothing. The caregiver successfully manages available resources to meet basic care needs related to health and safety.

b. Resources may be limited but are adequately managed. The caregiver provides adequate housing, food, and clothing. The caregiver adequately manages available resources to meet basic care needs related to health and safety.

c. Resources are insufficient or not well-managed. The caregiver provides housing, but it does not meet the basic needs of the child due to such things as inadequate plumbing, heating, wiring, or housekeeping. Food and/or clothing do not meet basic needs of the child. The family may be homeless; however, there is no evidence of harm or threat of harm to the child. The caregiver does not adequately manage available resources which results in difficulty providing for basic care needs related to health and safety.

d. No resources, or resources are severely limited and/or mismanaged. Conditions exist in the household that have caused illness or injury to family members such as inadequate plumbing, heating, wiring, housekeeping; there is no food, food is spoiled, or family members are malnourished. The child chronically presents with clothing that is unclean, not appropriate for weather conditions, or is in poor repair. The family is homeless, which results in harm or threat of harm to the child. The caregiver lacks resources, or severely mismanages available resources, which results in unmet basic care needs related to health and safety.

SN7. Cultural Identity

For this item, cultural identity may refer to an ethnic, religious, or social identity that reflects the unique characteristics of the caregiver. Cultural identity is not limited to identification with a minority culture and may refer to the prominent culture. Note that the reference to cultural conflict within the family includes inter-generational cultural conflict.

a. Cultural component is supportive and no conflict present. The caregiver identifies with a culture and its connected community, and that cultural identification is a resource. He/she experiences no conflict related to cultural identity.

b. No cultural component that supports or causes conflict.

- The caregiver identifies with a culture and its community; however, that cultural identity is not serving as a resource to them. He/she experiences no conflict related to cultural identity;

- OR the caregiver has no particular identification with a culture, and the absence of cultural identity is not resulting in conflict with family or community.

c. Cultural component that causes some conflict.

- The caregiver identifies with a culture and its connected community, and that cultural identity may or may not be a resource to them. He/she experiences *some* conflict related to cultural identity;

- OR the caregiver has no particular identification with a culture, and the absence of cultural identity is resulting in *some* conflict with family or community, and this is having an adverse impact on the child.

d. Cultural component that causes significant conflict.

- The caregiver identifies with a culture and its connected community, and that cultural identity may or may not be a resource to them. He/she experiences *significant* conflict related to cultural identity;

- OR the caregiver has no particular identification with a culture, and the absence of cultural identity is resulting in *significant* conflict with family or community, and this is having an adverse impact on the child.

SN8. Physical Health

a. Preventive health care is practiced. The caregiver teaches and promotes good health.

b. Health issues do not affect family functioning. The caregiver has no current health concerns that affect family functioning. The caregiver accesses regular health resources for him/herself (e.g., medical/dental).

c. Health concerns/disabilities affect family functioning. The caregiver has health concerns or conditions that affect family functioning and/or family resources.

d. Serious health concerns/disabilities result in inability to care for the child. The caregiver has serious/chronic health problem(s) or condition(s) that affects his/her ability to care for and/or protect the child.

SN9. Identified Caregiver Strength/Need (not covered in SN1 – SN8)

a. Significant strength. A caregiver has identified an exceptional strength and/or skill that has a positive impact on family functioning. The family perceives this strength as something they can build on to achieve progress in identified need areas.

b. Not applicable. The caregiver has no area of strength or need relevant for case planning that is not included in SN1-SN8.

c. Minor need. A caregiver has a need that has a moderate impact on family functioning. The family perceives they would benefit from services and support that address the need.

d. Significant need. A caregiver has a serious need that has a significant impact on family functioning. The family perceives they would benefit from services and support that address the need.

CHILDREN

For each item, if not applicable due to child's age, score as "0."

CSN1. Emotional/Behavioral

a. Strong emotional adjustment. The child displays strong coping skills in dealing with crises and trauma, disappointment, and daily challenges. The child is able to develop and maintain trusting relationships. The child is also able to identify the need for, seeks, and accepts guidance.

b. Adequate emotional adjustment. The child displays developmentally appropriate emotional/coping responses that do not interfere with school, family, or community functioning. The child may demonstrate some depression, anxiety, or withdrawal symptoms that are situationally related. The child maintains situationally appropriate emotional control.

c. Limited emotional adjustment. The child has occasional difficulty in dealing with situational stress, crises, or problems, which impairs functioning. The child displays periodic mental health symptoms including, but not limited to: depression, running away, somatic complaints, hostile behavior, or apathy.

d. Severely limited emotional adjustment. The child's ability to perform in one or more areas of functioning is severely impaired due to chronic/severe mental health symptoms, such as fire-setting, suicidal behavior, or violent behavior toward people and/or animals.

CSN2. Physical Health/Disability

a. Good health. The child demonstrates good health and hygiene care, involving awareness of nutrition and exercise. The child has no known health care needs. The child receives routine preventive and medical/dental/vision care and immunization.

b. Adequate health. The child has no health care needs or has minor health problems or a disability that can be addressed with minimal intervention that typically requires no formal training (e.g., oral medications). Age-appropriate immunizations are current.

c. Minor health/disability needs. The child has health care or disability needs that require routine interventions that are typically provided by lay persons after minimal instruction (e.g., glucose testing and insulin, cast care).

d. Serious health/disability needs. The child has serious health problems or a disability that requires interventions that are typically provided by professionals or caregivers who have received substantial instruction (e.g., central line feeding, paraplegic care, or wound dressing changes).

CSN3. Education

Does child have a specialized educational plan?
(Specialized educational plan includes IEP, study team, etc.)

a. Outstanding academic achievement. The child is working above grade level and/or is exceeding the expectations of the specific educational plan.

b. Satisfactory academic achievement or child not of school age. The child is working at grade level and/or is meeting the expectations of the specific educational plan, or the child is not of school age.

c. Academic difficulty. The child is working below grade level in at least one, but not more than half, of academic subject areas, and/or child is struggling to meet the goals of the existing educational plan. The existing educational plan may need modification.

d. Severe academic difficulty. The child is working below grade level in more than half of academic subject areas, and/or child is not meeting the goals of the existing educational plan. The existing educational plan needs modification. Also, score "d" for a child who is required by law to attend school but is not attending.

CSN4. Family Relationships

For children in voluntary or court-ordered placement, score the child's family, not his/her placement family.

a. Nurturing/supportive relationships. The child experiences positive interactions with family members. The child has a sense of belonging within the family. The family defines roles, has clear boundaries, and supports the child's growth and development.

b. Adequate relationships. The child experiences positive interactions with family members and feels safe and secure in the family, despite some unresolved family conflicts.

c. Strained relationships. Stress/discord within the family interferes with the child's sense of safety and security. The family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.

d. Harmful relationships. Chronic family stress, conflict, or violence severely impedes the child's sense of safety and security. The family is unable to resolve stress, conflict, or violence on their own and is not able or willing to obtain outside assistance.

CSN5. Child Development

For this item, base assessment on developmental milestones as described on pages 79-81.

a. Advanced development. The child's physical and cognitive skills are above his/her chronological age level.

b. Age-appropriate development. The child's physical and cognitive skills are consistent with his/her chronological age level.

c. Limited development. The child does not exhibit most physical and cognitive skills expected for his/her chronological age level.

d. Severely limited development. Most of the child's physical and cognitive skills are two or more age levels behind chronological age expectations.

CSN6. Substance Abuse

a. Chooses drug-free lifestyle. The child does not use alcohol or other drugs and is aware of consequences of use. The child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use substances despite peer pressure/opportunities to do so.

b. No use/experimentation. The child does not use alcohol or other drugs. The child may have experimented with alcohol or other drugs, but there is no indication of sustained use. The child has no demonstrated history or current problems related to substance use.

c. Alcohol or other drug use. The child's alcohol or other drug use results in disruptive behavior and discord in school/community/family/work relationships. Use may have broadened to include multiple drugs.

d. Chronic alcohol or other drug use. The child's chronic alcohol or other drug use results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion/drop-out, problems with the law, and/or physical harm to self or others. The child may require medical intervention to detoxify.

CSN7. Cultural Identity

For this item, cultural identity may refer to an ethnic, religious, or social identity that reflects the unique characteristics of the child. Cultural identity is not limited to identification with a minority culture and may refer to the prominent culture. Note that the reference to cultural conflict within the family includes inter-generational cultural conflict.

a. Cultural component is supportive and no conflict present. The child identifies with a culture and its connected community, and that cultural identification is a resource. He/she experiences no conflict related to cultural identity.

b. No cultural component that supports or causes conflict. The child identifies with a culture and its connected community; however, that cultural identity is not serving as a resource to him/her. He/she experiences no conflict related to cultural

identity; OR the child has no particular identification with a culture, and the absence of cultural identity is not resulting in conflict with family or community.

c. Cultural component that causes some conflict. The child identifies with a culture and its connected community, and that cultural identity may or may not be a resource to him/her. He/she experiences *some* conflict related to cultural identity; OR the child has no particular identification with a culture, and the absence of cultural identity is resulting in *some* conflict with family or community.

d. Cultural component that causes significant conflict. The child identifies with a culture and its connected community, and that cultural identity may or may not be a resource to him/her. He/she experiences *significant* conflict related to cultural identity; OR the child has no particular identification with a culture, and the absence of cultural identity is resulting in *significant* conflict with family or community.

CSN8. Peer/Adult Social Relationships

a. Strong social relationships. The child enjoys and participates in a variety of constructive, age-appropriate social activities. The child enjoys reciprocal, positive relationships with others.

b. Adequate social relationships. The child demonstrates adequate social skills. The child maintains stable relationships with others; occasional conflicts are minor and easily resolved.

c. Limited social relationships. The child demonstrates inconsistent social skills; the child has limited positive interactions with others. Conflicts are more frequent and serious, and the child may be unable to resolve them.

d. Poor social relationships. The child has poor social skills, as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers, or the child is isolated and lacks a support system.

CSN9. Delinquent Behavior

Delinquent behavior includes any action that, if committed by an adult, would constitute a crime.

a. Preventive activities. The child is involved in community service and/or crime prevention programs and takes a stance against crime. The child has no arrest history, and there is no other indication of criminal behavior.

b. No delinquent behavior. The child has no arrest history, and there is no other indication of criminal behavior, or the child has successfully completed probation, and there has been no criminal behavior in the past two years.

c. Occasional delinquent behavior. The child is or has engaged in occasional, non-violent delinquent behavior and may have been arrested or placed on probation within the past two years.

d. Significant delinquent behavior. The child is or has been involved in any violent or repeated non-violent delinquent behavior that has or may have resulted in consequences such as arrests, incarcerations, or probation.

CSN10. Identified Child Strength/Need (not covered in CSN1 – CSN9)

a. Significant strength. A child has an exceptional strength and/or skill that has a positive impact on family functioning. The family perceives this strength as something they can build on to achieve progress in identified need areas.

b. Not applicable. A child has no area of strength or need relevant for case planning that is not included in CSN1-CSN9.

c. Minor need. A child has a need that has a moderate impact on family functioning. The family perceives they would benefit from services and support that address the need.

d. Significant need. A child has a serious need that has a significant impact on family functioning. The family perceives they would benefit from services and support that address the need.

CALIFORNIA
FAMILY STRENGTHS AND NEEDS ASSESSMENT
(For Caregivers and Children)
POLICY AND PROCEDURES

The family strengths and needs assessment is used to evaluate the presenting strengths and needs of each family. This tool is used to systematically identify critical family needs, and it helps plan effective service interventions. The strengths and needs assessment serves several purposes:

- It ensures that all social workers consistently consider each family's strengths and needs in an objective format when assessing need for services.

- It provides an important case planning reference for workers and supervisors.

- The initial strengths and needs assessment, when followed by periodic reassessments, permits social workers and their supervisors to easily assess changes in family functioning and thus assess the impact of services on the case.

- In the aggregate, needs assessment data provide management with information on the problems families face. These profiles can then be used to develop resources to meet client needs.

Which Cases: Every referral that is promoted to a case.

May be used when a referral will be closed and a detailed service referral will be made, which may benefit from the completion of a family strengths and needs assessment.

The child assessment portion is completed for each child who will be included in the case plan and for whom a case is established in the child welfare services case management system (CWS/CMS).

Who: The social worker who is responsible for developing the initial case plan in conjunction with the family.

When: Initial: Prior to initial case plan
Review: Voluntary—within 30 days prior to case plan
Court—within 65 days prior to case plan

Decision: Identifies the three highest priority needs of caregivers and all needs of children that must be addressed in the case plan. Goals, objectives, and interventions in a case plan should relate to one or more of the priority needs.

Identifies a family's priority areas of strengths that should be incorporated into the case plan to the greatest extent possible, as a means to address identified needs.

Appropriate Completion:

Workers should familiarize themselves with the nine caregiver categories and the ten child categories of the family strengths and needs assessment and definitions. Workers will notice that the items are areas they are probably already assessing. What distinguishes SDM is that it ensures that every worker assesses the same categories in each case, and that the responses to these items lead to specific case planning. Once a worker is familiar with the items that must be assessed to complete the family strengths and needs assessment, the worker should conduct his/her family assessment as he/she normally would—using good social work practice to collect information from the child, caregiver, and/or collateral sources. SDM ensures that a specific set of categories are addressed at some time during the assessment.

For each category, there are four possible responses:

"a." This is a strength response. A caregiver/child with a response of "a" has exceptional skills or resources in this area.

"b." This is an "average" or adequate functioning response. This response is also used to score children who are too young to assess in some categories. A caregiver/child with a response of "b" has not achieved the exceptional skills or resources reflected by a response of "a" and may experience a degree of stress or struggle common to daily functioning, but is generally functioning well in the area. These responses are considered as potential strengths, with the exception of children who are scored "b" in some categories because they are too young to assess. For example, an infant may be scored "b" for delinquency because he/she is too young to be assessed in this area, but it should not be selected as a strength for case planning purposes.

"c." A caregiver/child is experiencing increased need in the category's domain.

"d." A caregiver/child is experiencing extraordinary need in the category's domain.

When scoring, consider the entire scope of available information, including the family's perspective, information from collateral sources, existing records and documents, and worker observations. Often, different sources will suggest different responses (e.g., father states he has no problem with alcohol, but has two DUIs in the last year; mother states she believes he is an alcoholic; a court-ordered AOD assessment suggests alcohol dependency; father's brother states father has no problem with alcohol). The worker must make a determination based on social work assessment skills, taking into account the merits of each perspective. The household is assessed by completing all items. If there are two caregivers, each is assessed and scored separately.

Items SN1 to SN9 and CSN1 to CSN10

Determine the appropriate response for each item and enter the corresponding score on the line provided. Be aware of negative and positive values. Note that SN9 and CSN10 are used when a caregiver or child, respectively, has a unique strength or need not covered in other items. If an individual has a strength, mark "a." If an individual has a need, mark "c" or "d," depending on the severity of the need. If an individual does not have a unique area of strength or need, mark "b." Use the comment line to briefly describe "a," "c," or "d" responses.

Items CSN1 to CSN10 relate to children in the family/household. Use one column for each child who will be assessed.

Priority Needs and Strengths for Caregivers

To identify priority strengths and needs for caregivers, consider scores for items SN1 through SN9 in Section A (caregiver) of the family strengths and needs assessment. All identified child needs must be considered in the family case plan.

For priority needs, enter the item number and title that corresponds with the three LOWEST scores. Only items with negative scores may be included as priority needs. Look across both caregivers to search for lowest score. Up to three domains should be selected for priority needs. A domain may be a priority need for one or both caregivers. Mark "P" if it is a need for only the primary caregiver, "S" if it is a need for only the secondary caregiver, and "B" if it is a need for both the primary and secondary caregivers.

For priority strengths, enter the item number and title that corresponds with the three HIGHEST scores. Only items with "0" or positive scores may be included as priority strengths. Look across both caregivers to search for highest score. No more than three domains should be selected for priority strengths. A domain may be a priority strength for one or both caregivers. Mark "P" if it is a strength for only the primary caregiver, "S" if it is a strength for only the secondary caregiver, and "B" if it is a strength for both the primary and secondary caregivers.

For both needs and strengths, ties are resolved by worker judgment as to which of the tied items are most critical.

Note: A domain may be a priority need for one caregiver and a priority strength for another caregiver.

Case Plan

A family case plan is to be written with goals and objectives that consider and incorporate the caregiver's priority strengths in addressing the caregiver's priority needs. The family case plan is also to include service referrals that address the child's needs and take into consideration the child's strengths. It is the caregiver's responsibility to ensure that the child's needs are met through appropriate service provision. If a child is in protective

placement, and the caregiver is unable to meet the child's needs, the agency must meet the child's needs.

Practice Considerations:

Completion of the family strengths and needs assessment requires gathering information from all family members, collaterals, and a review of records. It may be completed or modified during the course of family team meetings. The worker must be aware of culturally-specific interpretation of appearances and must engage family in culturally appropriate ways to make an accurate assessment. Where it is difficult to distinguish between responses, additional assessment may be helpful (i.e., psychological, developmental, substance use assessments), particularly if the difference between one rating and another is likely to impact selection of priority needs.

The family strengths and needs assessment identifies priority AREAS to address in the case plan. Once those areas are identified, the worker may benefit from additional assessment within those areas to identify specific objectives, services, and activities most appropriate for this family. The family's history of service utilization and willingness to change in these areas should be considered. Case plan objectives should be clear and measurable. If there was a safety plan in place, any continuing safety intervention requirements should now be incorporated into the case plan.

For children in out-of-home care, the case plan will also include information regarding visitation. While SDM does not guide the decision concerning visitation at the initial case plan, the worker is encouraged to consider the safety threats that led to removal, the risk level, and the specific needs of parent and child.

Physical and Cognitive Developmental Milestones[1]		
Age Level	**Physical Skills**	**Cognitive Skills**
0-1 Year		
0-4 weeks	Lifts head when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex (no reaching, and hand usually closed). Increasing body tone and stabilization of basic body functions, growing capacity to stay awake.	Looks at face transiently. By three to four weeks, smiles selectively to mother's voice and human voice leads to quieting of cries. Cries if uncomfortable or in state of tension; undifferentiated initially, but gradually varies with cause (e.g., hungry, tired, pain).
1-3 months	Head to 45 degrees when on abdomen, erect when sitting. Bears fraction of weight when held in standing position. Uses vocalizations. By two-three months, grasps rattle briefly. Puts hands together. By three to four months, may reach for objects, suck hand or fingers. Head is more frequently to midline, and comes to 90 degrees when on abdomen. Rolls side to back.	Increased babbles and coos. Most laugh out loud, squeal, and giggle. Smiles responsively to human face. Increases attention span.
3-6 months	Rolls from abdomen to back, then from back to abdomen. Bears increasing weight when held upright. No head lag when pulled to sitting. Head, eyes, and hands work well together to reach for toys or human face. Inspects objects with hands, eyes, and mouth. Takes solid food well.	Spontaneously vocalizes vowels, consonants, a few syllables. Responds to tone and inflection of voice. Smiles at image in mirror.
6-9 months	Sits without support. Increasingly mobile. Stands while holding on. Pushes self to sitting. Grasps objects, transfers objects. Feeds self finger foods, puts feet to mouth, may hold own bottle. Approaching nine months, pulls self to standing.	Says mama/dada randomly. Begins to imitate speech sounds. Many syllable sounds (ma, ba, da). Responds to own name, beginning responsiveness to "no, no."
9-12 months	Crawls with left-right alternation. Walks with support, stands momentarily, and takes a few uneasy steps. Most have neat pincer grasp. Bangs together objects held in each hand. Plays pat-a-cake. Fifty percent drink from cup by themselves.	Imitates speech sounds. Correctly uses mama/dada. Understands simple command ("give it to me"). Beginning sense of humor.

[1] Adapted from "Developmental Milestones Summary," Institute for Human Services, (1990); "Developmental Charts" provided by Jeffery Lusko, Orchards Children's Service, Southfield, MI; "Early Childhood Development from two to six years of age," Cassie Landers, UNICEF HOUSE, New York.

Physical and Cognitive Developmental Milestones		
Age Level	**Physical Skills**	**Cognitive Skills**
1-2 Years		
12-15 months	Stands well alone, walks well, stoops, and recovers. Neat pincer grasp. Can put a ball in a box, and a raisin in a bottle. Can build a tower of two cubes. Spontaneous scribbling with palmer grasp of crayon. Fifty percent use spoon with minimal spilling. Most drink from cup unassisted.	Three to five word vocabulary. Uses gestures to communicate. Vocalizing replaces crying for attention. Understands "no." Shakes head for no. Sense of me and mine. Fifty percent imitate household tasks.
15-18 months	Runs stiffly. Walks backwards. Attempts to kick. Climbs on furniture. Crude page turning. Most use spoon well. Fifty percent can help in little household tasks. Most can take off pieces of clothing.	Vocabulary of about ten words. Uses words with gestures. Fifty percent begin to point to body parts. Vocalizes "no." Points to pictures of common objects (e.g., dog). Knows when something is complete such as waving bye-bye. Knows where things are or belong. More claiming of mine. Beginning distinction of you and me, but does not perceive others as individuals like self. Resistant to change in routine. Autonomy expressed as defiance. Words are not important discipline techniques.
18-24 months	While holding on, walks up stairs, then walks down stairs. Turns single pages. Builds tower of four to six cubes. Most copy vertical line. Strings beads or places rings on spindles. Helps dress and undress self. Can wash and dry hands. Most can do simple household tasks.	Markedly increased vocabulary (mostly nouns). Consistently points to body parts. Combines two to three words. Names pictures of common objects. Follows simple directions. Matches colors frequently, but uses color names randomly. Uses number words randomly. May indicate wet or soiled diapers. Asks for food or drink. Understands and asks for "another." Mimics real life situations during play. Self-centered, but distinguishes between self and others. Conscious of family group.
2 Years	Jumps in place with both feet. Most throw ball overhead. Can put on clothing - most can dress self with supervision. Can use zippers, buckles, and buttons. Most are toilet trained. Good steering on push toys. Can carry a breakable object. Can pour from one container to another. By 30 months, alternates feet on stair climbing, pedals tricycle, briefly stands on one foot; builds eight-cube tower, proper pencil grasp, imitates horizontal line.	Learns to avoid simple hazards (stairs, stoves, etc.). By 30 months, vocabulary reaches 300 words. Identity in terms of names, gender, and place in family are well established. Uses "I," but often refers to self by first name. Phrases and three to four word sentences. By 36 months, vocabulary reaches 1,000 words, including more verbs and some adjectives. Understands big versus little. Interest in learning, often asking "What's that?"

Physical and Cognitive Developmental Milestones		
Age Level	**Physical Skills**	**Cognitive Skills**
3 Years	Most stand on one foot for five seconds. Most hop on one foot. Most broad-jump. Toilets self during daytime. By 38 months, draws picture and names it. Draws two-part person.	Counts to three. Tells age by holding up fingers. Tells first and last name (foster children may not know last name). Most answer simple questions. Repeats three or four digits or nonsense syllables. Readiness to conform to spoken word. Understands turn-taking. Uses language to resist. Can bargain with peers. Understands long versus short. By end of third year, vocabulary is 1,500 words.
4-5 Years	Most hop on one foot, skip alternating feet, balance on one foot for ten seconds, catch bounced ball, do forward heel-toe walk. Draws three-part person. Copies triangles, linear figures (may have continued difficulty with diagonals, and may have rare reversals). Most dress independently other than back buttons and shoe tying. Washes face and brushes teeth. Laces shoes.	By end of fifth year, vocabulary is over 2,000 words including adverbs and prepositions. Understands opposites (day/night). Understands consecutive concepts (big, bigger, biggest). Lots of why and how questions. Correctly counts five to ten objects. Correctly identifies colors. Dogmatic and dramatic. May argue about parental requests. Good imagination. Likes silly rhymes, sounds, names, etc. Beginning sense of time in terms of yesterday, tomorrow, sense of how long an hour is, etc. Increasingly elaborate answers to questions.
6-11 Years	Practices, refines, and masters complex gross and fine motor and perceptual skills.	Concrete operational thinking replaces egocentric cognition. Thinking becomes more logical and rational. Develops ability to understand others' perspectives.
12-17 Years	Physiological changes at puberty promote rapid growth, maturity of sexual organs, and development of secondary sex characteristics.	In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives.
		During middle and late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.

CALIFORNIA
CONTACT GUIDELINES

ONGOING WORKER MINIMUM CONTACT GUIDELINES FOR IN-HOME SERVICES		
Risk Level	**Caregiver and Child Contacts**	**Location**
Low	**One** face-to-face per month with caregiver and child **One** collateral contact	**Must** be in caregiver's residence
Moderate	**Two** face-to-face per month with caregiver and child **Two** collateral contacts	**One** must be in caregiver's residence
High	**Three** face-to-face per month with caregiver and child **Three** collateral contacts	**One** must be in caregiver's residence
Very High	**Four** face-to-face per month with caregiver and child **Four** collateral contacts	**Two** must be in caregiver's residence
Additional Considerations		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least once.	
Designated Contacts	The ongoing worker/supervisor/service team may delegate face-to-face contacts to providers with a contractual relationship to the agency and/or other agency staff such as social work aids. However, the ongoing worker must always maintain at least one face-to-face contact with the caregiver and child per month, as well as monthly contact with the service provider designated to replace the ongoing worker's face-to-face contacts.	

<u>Contact Content</u>:

1. Assess for any change in safety (vulnerability, safety threats, protective capacity, interventions).

2. Progress toward case plan objectives:

   - Participation in services
   - Demonstration of skills

3. Change in needs (identification of new needs/needs reduction).

CONTACT GUIDELINES FOR FAMILY REUNIFICATION CASES	
Risk Level	**Documented Contacts with Caregiver**
Low	One face-to-face per month with caregiver One collateral contact
Moderate	Two face-to-face per month with caregiver Two collateral contacts
High	Three face-to-face per month with caregiver Three collateral contacts
Very High	Three face-to-face per month with caregiver Three collateral contacts
	Documented Contacts with Children
	At least one face-to-face per month with each child
Additional Considerations	
Contact Definition	During the course of a month, each caregiver and each child shall be contacted at least once.
Designated Contacts	The ongoing worker must always maintain at least one face-to-face contact per month with the caregiver. However, the ongoing worker may delegate remaining contacts to service providers outlined in the case plan or other agency staff.
Overrides	A discretionary override to these contact guidelines is permitted based on unique case circumstances that are documented by the ongoing worker and approved by the supervisor. All case contacts must at least meet Division 31 regulations.

Contact Content:

1. Assess for any change in safety (vulnerability, safety threats, protective capacity, interventions).

2. Progress toward case plan objectives:

   - Participation in services
   - Demonstration of skills

3. Change in needs (identification of new needs/needs reduction).

4. Visitation quality.

CALIFORNIA
REASSESSMENT FOR IN-HOME CASES

At a minimum, each ongoing case is reviewed in conjunction with each judicial review hearing (at least every six months) to assess progress toward objectives and long-term goals, including reduction of risk and needs. A reassessment may be done earlier if there have been significant changes that affect risk and needs. Most of the forms that comprise the reassessment are already familiar to the worker. The risk reassessment is similar to the family risk assessment.

The risk reassessment determines whether the case should remain open or be closed. For cases that will remain open, the reassessment includes updating the treatment plan based on current needs and strengths and sets new contact guideline levels.

Each reassessment includes:

- Family risk reassessment for in-home cases

- If the case will remain open, the reassessment also includes a family strengths and needs reassessment and a case plan update.

Safety

A safety assessment is not required at specified time intervals. For open cases in which a child is in the home and new information or circumstances require that the safety of the child be assessed, the safety assessment should be used according to instructions in Section II of this manual to determine whether the child may remain in the home with or without protective interventions, or be protectively placed. If the risk level leads to a decision to close, complete a new safety assessment. If there are no safety threats, close. If any safety threats exist, the case must remain open until safety threats are resolved.

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FAMILY RISK REASSESSMENT FOR IN-HOME CASES

Case Name: _____ **Case #:** _____ **Date:** ____/____/____

County Name: _____ **Worker Name:** _____ **Worker ID#:** _____

R1. Number of Prior Neglect or Abuse CPS Investigations **Score**

a. None 0
b. One 1
c. Two or more ..... 2 _____

R2. Household Has Previously Received CPS (*voluntary/court ordered*)

a. No 0
b. Yes ..... 1 _____

R3. Primary Caregiver Has a History of Abuse or Neglect as a Child

a. No 0
b. Yes ..... 1 _____

R4. Child Characteristics (*mark applicable items*)

a. ☐ No child has any of the characteristics below 0
b. ☐ Yes (*mark all that apply*) ..... 1 _____

☐ One or more children in household is developmentally disabled
☐ One or more children in household has a learning disability
☐ One or more children in household is physically disabled
☐ One or more children in household are medically fragile or diagnosed with failure to thrive

The following case observations pertain to the period since the last assessment/reassessment.

R5. New Investigation of Abuse or Neglect since the Initial Risk Assessment or the Last Reassessment

a. No 0
b. Yes ..... 1 _____

R6. Caregiver Has Not Addressed Alcohol or Drug Abuse Problem since the Last Assessment/Reassessment (*mark one*)

a. ☐ No history of alcohol or drug abuse problem 0
b. ☐ No current alcohol or drug abuse problem; no intervention needed 0
c. ☐ Yes, alcohol or drug abuse problem; problem is being addressed 0
d. ☐ Yes, alcohol or drug abuse problem; problem is <u>not</u> being addressed ..... 1 _____

<u>If "c" or "d" is selected for R6, please indicate each type of substance used during review period:</u>

☐ Not applicable. No known use during review period.

OR

☐ Alcohol ☐ Heroin
☐ Marijuana ☐ Cocaine
☐ Methamphetamine ☐ Other: _____

R7. Problems with Adult Relationships

a. None applicable 0
b. Yes, harmful/tumultuous relationships with adults, or domestic violence ..... 1 _____

R8. Primary Caregiver Has/Had a Mental Health Problem

a. No 0
b. Yes ..... 1 _____

R9. Primary Caregiver Provides Physical Care Inconsistent with Child Needs

a. No problems 0
b. Yes, problems ..... 1 _____

R10. Caregiver's Progress with Case Plan Objectives (*score based on the caregiver demonstrating the least progress*)

P S

☐ ☐ a. Demonstrates new skills consistent with case plan objectives OR is actively engaged in services and activities to gain new skills consistent with case plan objectives 0

☐ ☐ b. Does not demonstrate new skills consistent with case plan objectives AND/OR participation is minimal and insufficient to contribute to achieving case plan objectives ..... 1 _____

☐ No secondary caregiver

TOTAL SCORE _____

SCORED RISK LEVEL. Assign the family's risk level based on the following chart:

Score	Risk Level
0–1	☐ Low
2–4	☐ Moderate
5–7	☐ High
8+	☐ Very High

POLICY OVERRIDES. Mark yes if condition is applicable in the current review period. If any condition is applicable, override final risk level to very high.

☐ Yes ☐ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
☐ Yes ☐ No 2. Non-accidental injury to a child under age two years.
☐ Yes ☐ No 3. Severe non-accidental injury.
☐ Yes ☐ No 4. Caregiver action or inaction resulted in death of a child due to abuse or neglect.

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, mark override risk level, and indicate reason. Risk level may be overridden one level higher or lower.

☐ Yes ☐ No 5. If yes, override risk level (mark one): ☐ Low ☐ Moderate ☐ High ☐ Very High
Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (mark final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very High

RECOMMENDED DECISION

Final Risk Level	Recommendation
Low	Close*
Moderate	Close*
High	Continue Services
Very High	Continue Services

*Unless there are unresolved safety threats.

PLANNED ACTION

☐ Continue Services
☐ Close

If recommended decision and planned action do not match, explain why:

_____

CALIFORNIA
FAMILY RISK REASSESSMENT FOR IN-HOME CASES
DEFINITIONS

R1. Number of Prior Neglect or Abuse CPS Investigations

Score the item based on the count of all investigations, substantiated or not, that were assigned for CPS investigation for any type of abuse or neglect prior to the investigation resulting in the current case. Where possible, history from other county or state jurisdictions should be marked. Exclude investigations of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect.

R2. Household Has Previously Received CPS (voluntary/court ordered)

Score 1 if household has received CPS prior to the investigation resulting in the current case. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

R3. Primary Caregiver Has a History of Abuse or Neglect as a Child

Score 1 if credible statements by the primary caregiver or others indicate that the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

R4. Child Characteristics

Score this item based on credible statements by caregiver that a child has been diagnosed, statements from a physician or mental health professional, or review of records. Mark each characteristic that is present and score 1 if any characteristic is present.

a. Score 0 if no child in the household exhibits characteristics listed below.

b. Score 1 if any child has any of the characteristics below:

- Developmental disability: A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.

- Learning disability: Child has an IEP to address a learning problem, such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.

- Physical disability: A severe acute or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

- Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and that requires daily, ongoing

medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members; and that requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living; and the child lives with ongoing threat to his or her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.

- Failure to thrive: A diagnosis of failure to thrive by a physician.

The following case observations pertain to the period since the last assessment/reassessment.

R5. **New Investigation of Abuse or Neglect since the Initial Risk Assessment or Last Reassessment**

Score 1 if at least one investigation has been initiated **since the initial risk assessment or last reassessment**. This includes open or completed investigations, regardless of investigation conclusion, that have been initiated since the initial assessment or last reassessment.

R6. Caregiver Has Not Addressed Alcohol or Drug Abuse Problem since the Last Assessment/Reassessment

Indicate whether or not the primary and/or secondary caregiver has a current alcohol/drug abuse problem that interferes with the caregiver's or the family's functioning and he/she is not addressing the problem. If both caregivers have a substance abuse problem, rate the more negative behavior of the two caregivers. Not addressing the problem is evidenced by:

- substance use that affects or affected the caregiver's employment, criminal involvement, or marital or family relationships; or that affects or affected his/her ability to provide protection, supervision, and care for the child;
- an arrest since the last assessment/reassessment for driving under the influence or refusing breathalyzer testing;
- self-report of a problem;
- multiple positive urine samples;
- health/medical problems resulting from substance use;
- the child's diagnosis with Fetal Alcohol Syndrome or Exposure (FAS or FAE) or the child had positive toxicology screen at birth and the primary or secondary caregiver was the birth parent.

Score the following:

a. Score 0 if there is no history of an alcohol or drug abuse problem.

b. Score 0 if there is no current alcohol or drug abuse problem that requires intervention.

c. Score 0 if there is an alcohol or drug abuse problem, and the problem is being addressed.

d. Score 1 if there is an alcohol or drug abuse problem, and the problem is not being addressed.

Legal, non-abusive prescription drug use should not be scored.

If "c" or "d" is selected, mark type of alcohol/drug used during review period. If caregiver is actively addressing problem **and** has no known use during review period, mark "not applicable."

R7. Problems with Adult Relationships

Score this item based upon current status of adult relationships in the household.

a. Score 0 if not applicable or there are no problems observed.

b. Score 1 if yes, there are harmful/tumultuous adult relationships or domestic violence.

- Adult relationships that are harmful to domestic functioning or to the care the child receives (but not at the level of domestic violence).

- The household has had, since the most recent assessment, physical assault(s) or periods of intimidation/threats/harassment between caregivers or between a caregiver and another adult.

R8. Primary Caregiver Has/Had a Mental Health Problem

a. Score 0 if the primary caregiver does not have a current or past mental health problem.

b. Score 1 if credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver:

- has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis 1 condition determined by a mental health clinician;

- has had repeated referrals for mental health/psychological evaluations; or

- was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

R9. Primary Caregiver Provides Physical Care Inconsistent with Child Needs

Score 1 if physical care of the child (lack of age-appropriate feeding, clothing, shelter, hygiene, and medical care of the child) threatens the child's well-being or results in harm to the child. Examples include:

- repeated failure to obtain required immunizations;
- failure to obtain medical care for severe or chronic illness;
- repeated failure to provide the child with weather-appropriate clothing;
- persistent rat or roach infestations;
- inadequate or inoperative plumbing or heating;
- poisonous substances or dangerous objects lying within reach of small child;
- the child wears filthy clothes for extended periods of time; or
- the child is not being bathed on a regular basis, resulting in dirt caked on skin and hair and a strong odor.

R10. Caregiver's Progress with Case Plan Objectives (score based on the caregiver demonstrating the least progress)

"Case plan objectives" specifically refers to the service objective type in the CWS/CMS case plan. Score this item based on whether a caregiver has demonstrated or is beginning to demonstrate skills consistent with case plan objectives. If there are two caregivers, rate progress for each. If progress differs between caregivers, score based on the caregiver demonstrating the least amount of participation/progress.

a. Demonstrates new skills consistent with case plan objectives OR is actively engaged in services and activities to gain new skills consistent with case plan objectives. The caregiver is demonstrating behavioral change consistent with the objectives in the case plan (e.g., does not abuse alcohol, controls anger/negative behavior, does not use physical punishment, refrains from domestic violence, provides emotional support for the child, etc.). This may include participation in activities identified on the case plan toward achievement of new skills; and caregivers who successfully achieve desired behavior change through activities not specifically identified on the plan. Engagement in services and activities means that the caregiver's participation suggests acquisition and application of new skills, and not just compliance with attendance. Compliance with services and activities without demonstration of acquisition of new skills consistent with case plan objectives is not sufficient for scoring.

b. Does not demonstrate new skills consistent with case plan objectives AND/OR participation is minimal and insufficient to contribute to achieving case plan objectives. This may include complete refusal to participate in services or activities, or participation which has failed to result in behavior change. Caregivers who are demonstrating some progress toward case plan objectives but insufficient progress overall should be scored here.

CALIFORNIA
FAMILY RISK REASSESSMENT FOR IN-HOME CASES
POLICY AND PROCEDURES

The family risk reassessment combines items from the original risk assessment with additional items that evaluate a family's progress toward case plan goals.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Unlike the initial risk assessment that contains separate indices for risk of neglect and risk of abuse, the risk reassessment is comprised of a single index.

Which Cases: All open cases in which all children remain in the home, or cases in which all children have been returned home and family maintenance services will be provided.

Who: The case-carrying worker.

When: *Division 31 requires a review at least every six months. Each review process should begin with a risk reassessment and, if required, an FSNA or safety assessment. These SDM assessments should inform recommendations made. To assure that current SDM assessments are available, they should be completed:*

Voluntary Cases:
- No more than 30 calendar days prior to completing each case plan.
- No more than 30 calendar days prior to recommending case closure.

Involuntary Cases:
- No more than 65 calendar days prior to completing each case plan.
- No more than 65 calendar days prior to recommending case closure.

All Cases:
Should be completed sooner if there are new circumstances or new information that would affect risk.

Decision: The risk reassessment guides the decision to keep a case open or close a case.

Risk-Based Case Open/Close Guide	
Risk Level	**Recommendation**
Low	Close, if there are no unresolved safety threats
Moderate	Close, if there are no unresolved safety threats
High	Case remains open
Very High	Case remains open

For cases that remain open following reassessment, the NEW risk level guides minimum contact standards that will be in effect until the next

reassessment is completed. Use the contact guidelines in Section V of this manual.

Appropriate Completion:

Items R1–R4: Using the definitions, determine the appropriate response for each item and enter the corresponding score. Items R1 and R2 refer to the time period PRIOR to the investigation that led to the opening of the current case. Scores for these items should be identical to corresponding items on the initial risk assessment unless additional information has become available.

Item R3 may change if new information is available or if there has been a change in who is primary caregiver.

Item R4 may change if a child's condition has changed, or if a child with a described condition is no longer part of the household (children in out-of-home placement with a plan to return home are considered part of the household, and the family should be reassessed using the reunification reassessment).

Items R5–R9: These items are scored based ONLY on observations since the most recent assessment or reassessment. Using the definitions, determine the appropriate response for each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level.

Item R10 is an assessment of caregiver's progress toward case plan objectives. "Case plan objectives" specifically refers to the service objective type in the CWS/CMS case plan. Score this item based on whether a caregiver has demonstrated or is beginning to demonstrate skills consistent with case plan objectives. If there are two caregivers, rate progress for each. If progress differs between caregivers, score based on the caregiver demonstrating the least amount of participation/progress.

Policy Overrides:
As on the initial risk assessment, the agency has determined that there are certain conditions that are so serious that a risk level of very high should be assigned regardless of the risk reassessment score. The policy overrides refer to incidents or conditions that occurred since the initial risk assessment or last reassessment. If one or more policy override conditions exist, mark "yes" for each reason for the override and mark "very high" for the final risk level. Policy overrides require supervisory review.

Discretionary Override:
A discretionary override is used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment in which the worker could only *increase* the risk level, the risk reassessment permits the worker to increase or *decrease* the risk level by one step. The reason a worker may now

decrease the risk level is that after a minimum of six months, the worker has acquired significant knowledge of the family. If a discretionary override applies, mark yes, indicate the reason, and mark the override risk level. Discretionary overrides require supervisory approval. The worker then indicates the final risk level.

Disposition:
WebSDM will display the recommended response based on the risk-based case open/close guide. Enter the actual case disposition (continuing case or closing case). If the recommended response differs from the actual disposition, provide an explanation.

Examples of explanations include the following:

- Continuing a low or moderate case:
  - » Unresolved safety threats. Based on SDM safety assessment, one or more safety threats could not be resolved.
- Closing a high or very high risk case:
  - » Family declined voluntary FM services AND no petition. Family was informed of their high or very high risk and was encouraged to continue voluntary family maintenance services. The family declined AND no petition will be filed. Mark this item even if family does accept any non-CPS services.
  - » Family is receiving or has been connected with community services that will address priority needs and/or contributing factors. The family is already engaged in services OR the worker will assist the family in making connections to community services (worker is certain that an appointment was made and verifies follow-through). These services are directly related to the priority needs identified using the FSNA or other means to identify factors that contribute to risk.

CALIFORNIA
FAMILY STRENGTHS AND NEEDS REASSESSMENT
(For Caregivers and Children)
POLICY AND PROCEDURES

The family strengths and needs reassessment provides an opportunity to evaluate a family's progress toward reducing needs. In the aggregate, reassessments also provide a continuing profile of case characteristics for agency planning and program development. The family strengths and needs form and definitions used for initial assessments are also used for reassessments.

Which Cases: All cases that will remain open to FR or FM; the child section may be completed for children in permanent placement for case planning purposes.

Who: The case-carrying worker.

When: No more than 30 days prior to each case plan.

If a new referral is received while a case is open, a family strengths and needs assessment is completed in conjunction with the new referral.

- The original reassessment schedule will remain in effect (that is, all reassessments will occur in conjunction with each judicial review hearing and at least every six months from the initial face-to-face contact).

- However, if the case was a voluntary case and the NEW referral results in a dependency petition, future reassessments will be completed in conjunction with each judicial review hearing and at least every six months from the initial face-to-face contact related to the NEW referral.

Decision: For cases that will remain open, the priority caregiver needs and all identified child needs established as a result of the reassessment should be addressed in the updated case plan. Similarly, the updated case plan should draw upon the updated family strengths in addressing areas of priority need.

Appropriate Completion: At reassessment, the family strengths and needs form is completed in exactly the same manner it is completed at the time of the initial assessment except for the following:

- Indicate that this is a reassessment and indicate which reassessment is being completed (first, second, etc.).

- Consider ONLY the period of time since the most recent assessment/reassessment.

CALIFORNIA
REUNIFICATION REASSESSMENT*

Case Name: _____ **Date Completed:** ____/____/____

Case #: _____ **Household Assessed:** _____

Is this the removal household? ☐ Yes ☐ No **Assessment # (mark):** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

A. REUNIFICATION RISK REASSESSMENT

Score

R1. Risk Level on Most Recent Referral (not reunification risk level or risk reassessment)

a. Low 0
b. Moderate 3
c. High 4
d. Very high ..... 5 _____

R2. Has There Been a New Substantiation since the Initial Risk Assessment or Last Reunification Reassessment?

a. No 0
b. Yes ..... 2 _____

R3. Progress toward Case Plan Goals

a. Successfully met all case plan objectives and routinely demonstrates desired behavior ..... -2
b. Actively participating in programs; routinely pursuing objectives detailed in case plan; frequently demonstrates desired behavior ..... -1
c. Partial participation in pursuing objectives in case plan; occasionally demonstrates desired behavior 0
d. Refuses involvement in programs or has exhibited a minimal level of participation with case plan; rarely or never demonstrates desired behavior ..... 4 _____

Total Score _____

REUNIFICATION RISK LEVEL
Assign the risk level based on the following chart.

Score	Risk Level
-2 to 1	☐ Low
2 to 3	☐ Moderate
4 to 5	☐ High
6 and above	☐ Very High

OVERRIDES (during current period)

Policy Overrides: Indicate if any of the following are true in the current review period. Incident may be current or historic. Treatment status is current.

☐ 1. Sexual abuse; perpetrator has access to child and has not successfully completed treatment.
☐ 2. Non-accidental physical injury to an infant, and caregiver has not successfully completed treatment.
☐ 3. Serious non-accidental physical injury requiring hospital or medical treatment; caregiver has not successfully completed treatment.
☐ 4. Death of a sibling as a result of abuse or neglect in the household; caregiver has not successfully completed treatment.

Discretionary Override: (Reunification risk level may be adjusted up or down one level.)
☐ 5. Reason: _____

FINAL REUNIFICATION RISK LEVEL (mark one):

☐ Low ☐ Moderate ☐ High ☐ Very High

Supervisor's Review/Approval of Discretionary Override:

_____ Date: ____/____/____

* To be completed for each household to which a child may be returned (e.g., father's home, mother's home).

B. VISITATION PLAN EVALUATION (See definitions below.)

Visitation Frequency Compliance with Visitation Plan	Quality of Face-to-Face Visit			
	Strong	**Adequate**	**Limited**	**Destructive**
Totally				
Routinely				
Sporadically				
Rarely or Never				

Shaded cells indicate acceptable visitation.

Overrides:

☐ Policy: Visitation is supervised for safety.
☐ Discretionary (reason): _____

Definitions

Visitation Frequency—Compliance with Case Plan
(Visits that are appreciably shortened by late arrival/early departure are considered missed.)

Totally: Caregiver regularly attends visits or calls in advance to reschedule (90-100% compliance).
Routinely: Caregiver may miss visits occasionally and rarely requests to reschedule visits (65-89% compliance).
Sporadically: Caregiver misses or reschedules many scheduled visits (26-64% compliance).
Rarely or Never: Caregiver does not visit or visits 25% or fewer of the allowed visits (0-25% compliance).

Quality of Face-to-Face Visit (Quality of visit is based on social worker's direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc.)

Strong — Consistently:

- demonstrates parental role.
- demonstrates knowledge of child's development.
- responds appropriately to child's verbal/non-verbal signals.
- puts child's needs ahead of his/her own.
- shows empathy toward child.

Adequate — Occasionally:

- demonstrates parental role.
- demonstrates knowledge of child's development.
- responds appropriately to child's verbal/non-verbal signals.
- puts child's needs ahead of his/her own.
- shows empathy toward child.

Limited — Rarely:

- demonstrates parental role.
- demonstrates knowledge of child's development.
- responds appropriately to child's verbal/non-verbal signals.
- puts child's needs ahead of his/her own.
- shows empathy toward child.

Destructive — Never:

- demonstrates parental role.
- demonstrates knowledge of child's development.
- responds appropriately to child's verbal/non-verbal signals.
- puts child's needs ahead of his/her own.
- shows empathy toward child.

C. IF RISK LEVEL IS LOW OR MODERATE AND CAREGIVER HAS ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH VISITATION PLAN, COMPLETE A REUNIFICATION SAFETY ASSESSMENT. OTHERWISE GO TO SECTION D, PLACEMENT/PERMANENCY PLAN GUIDELINES.

r: 10-07

CALIFORNIA
REUNIFICATION SAFETY ASSESSMENT

Factors Influencing Child Vulnerability (conditions resulting in child's inability to protect self; mark all that apply to any child):

☐ Age 0-5 years
☐ Significant diagnosed medical or mental disorder
☐ School age, but not attending school
☐ Diminished mental capacity (e.g., developmental delay, non-verbal)
☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

SECTION 1A: SAFETY THREATS

Yes	No		
☐	☐	1.	Since the initial safety assessment, caregiver has caused serious physical harm or made a plausible threat to cause physical harm to a child as indicated by: ☐ Serious injury or abuse to the child other than accidental. ☐ Caregiver fears he/she will maltreat the child. ☐ Threat to cause harm or retaliate against the child. ☐ Excessive discipline or physical force. ☐ Drug-exposed infant.
☐	☐	2.	The severity of previous maltreatment or the caregiver's response to previous incidents AND current circumstances suggest that the child's safety may be an immediate concern.
☐	☐	3.	Child sexual abuse was substantiated or is still suspected, and current circumstances suggest that child safety is an immediate concern.
☐	☐	4.	Since the initial safety assessment, caregiver has failed to protect the child from serious harm or threatened harm by others, OR current circumstances suggest that the caregiver would likely be unable to protect the removed child from serious harm by others if the child were returned home.
☐	☐	5.	Caregiver's explanation for the injury to the child was, and remains, questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be an immediate concern.
☐	☐	6.	The family is refusing access to another child, there is reason to believe that the family is about to flee, or the whereabouts of another child cannot be ascertained.
☐	☐	7.	Since the initial safety assessment, the caregiver has failed to meet the child's immediate needs for food, clothing, shelter, and/or medical and/or mental health care, OR current circumstances suggest that the caregiver would likely be unable to meet those needs for the removed child if the child were returned home.
☐	☐	8.	Physical living conditions in the household are hazardous and immediately threatening, based on the child's age and developmental status.
☐	☐	9.	Caregiver's substance use is currently and seriously affecting ability to supervise, protect, or care for the child.
☐	☐	10.	Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
☐	☐	11.	Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
☐	☐	12.	Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child if the child were returned home.
☐	☐	13.	Other (specify): _____

SECTION 1B: PROTECTIVE CAPACITIES
Mark all that apply.

Child

☐ 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

Caregiver

☐ 2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.

☐ 3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.

☐ 4. Caregiver has the ability to access resources to provide necessary safety interventions.

☐ 5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.

☐ 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.

☐ 7. Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.

☐ 8. There is evidence of a healthy relationship between caregiver and child.

☐ 9. Caregiver is aware of and committed to meeting the needs of the child.

☐ 10. Caregiver has history of effective problem solving.

Other

☐ 11. _____

SECTION 1C: SAFETY THREAT RESOLUTION
Review the safety assessment that led to removal. For any safety threat present at removal that is no longer present, document how safety threats were resolved.

SECTION 2: SAFETY INTERVENTIONS

If no safety threats are present, skip to Section 3. For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears related to caregiver's knowledge, skill, or motivational issues.

Consider whether safety interventions 1-8 will allow the child to return home. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether *any* safety interventions 1-8 are appropriate to protect the child if the child were to be reunified at this time. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to return home, indicate by marking item 9 or 10.

Mark all that apply:

☐ 1. Intervention or direct services by worker.

☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.

☐ 3. Use of community agencies or services as safety resources.

☐ 4. Have the caregiver appropriately protect the victim from the alleged perpetrator.

☐ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

☐ 6. Have the non-offending caregiver move to a safe environment with the child.

☐ 7. Legal action planned or initiated—child remains in the home.

☐ 8. Other (specify): _____

☐ 9. Voluntary placement continues.

☐ 10. Protective custody continues because interventions 1-9 do not adequately ensure child's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Mark one line only.

☐ 1. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

☐ 2. One or more safety threats are present, and protecting safety interventions have been planned or taken. Based on safety interventions, child would be conditionally safe upon return home. SAFETY PLAN REQUIRED.

☐ 3. One or more safety threats are present, and continued placement is the only protecting intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

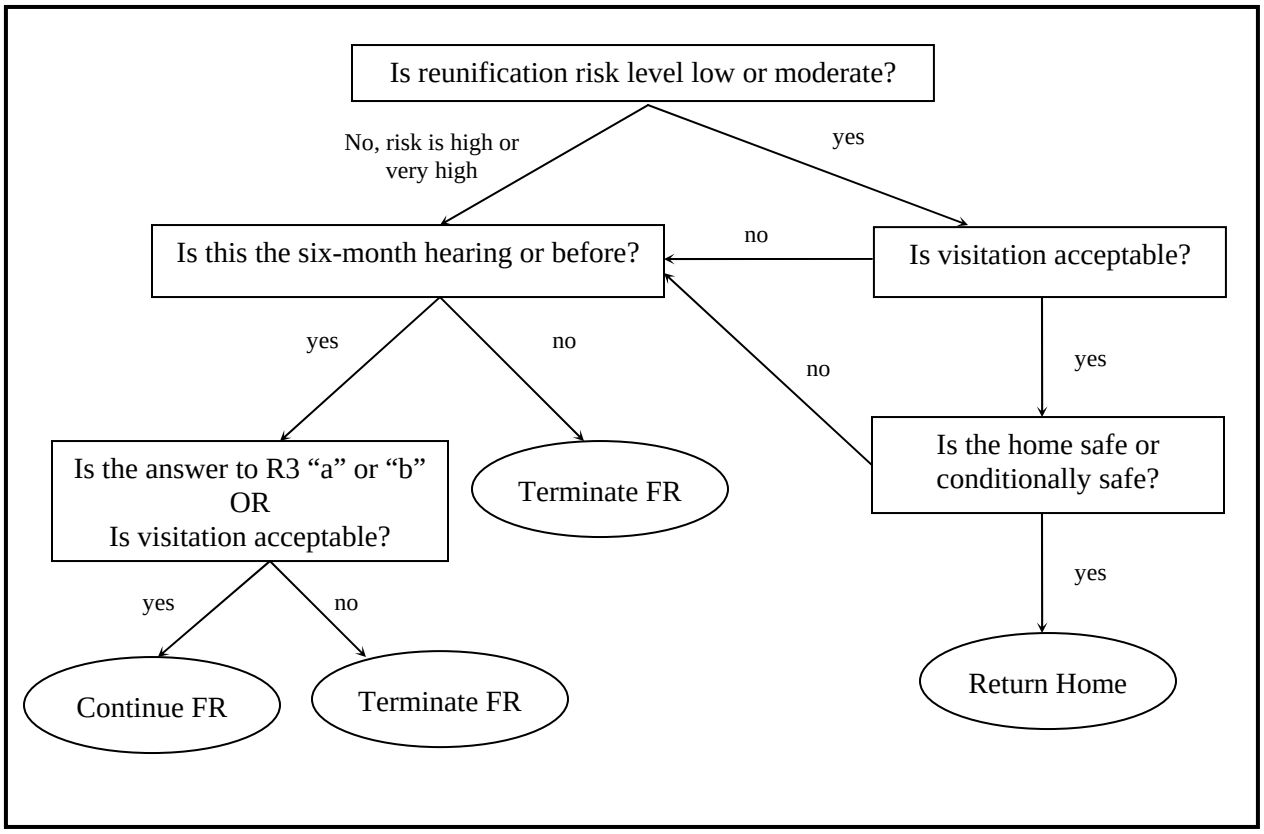
- ☐ All children remain in placement.
- ☐ The following children will be recommended for return home: *(enter name)*

_____ _____ _____ _____ _____ _____

D. PLACEMENT/PERMANENCY PLAN GUIDELINES

Complete for each child receiving family reunification services and enter results in Section E. Consult with supervisor and appropriate statutes and regulations.

Children under age three years at time of removal



OVERRIDES (select one)

☐ No override applicable (policy or discretionary).

Policy:

☐ Child has been in placement 15 of the last 22 months (change to "Terminate FR").

☐ The tree leads to "Terminate FR" and it is the six-month hearing or before, BUT there is a probability of reunification within six months (change to "Continue FR").

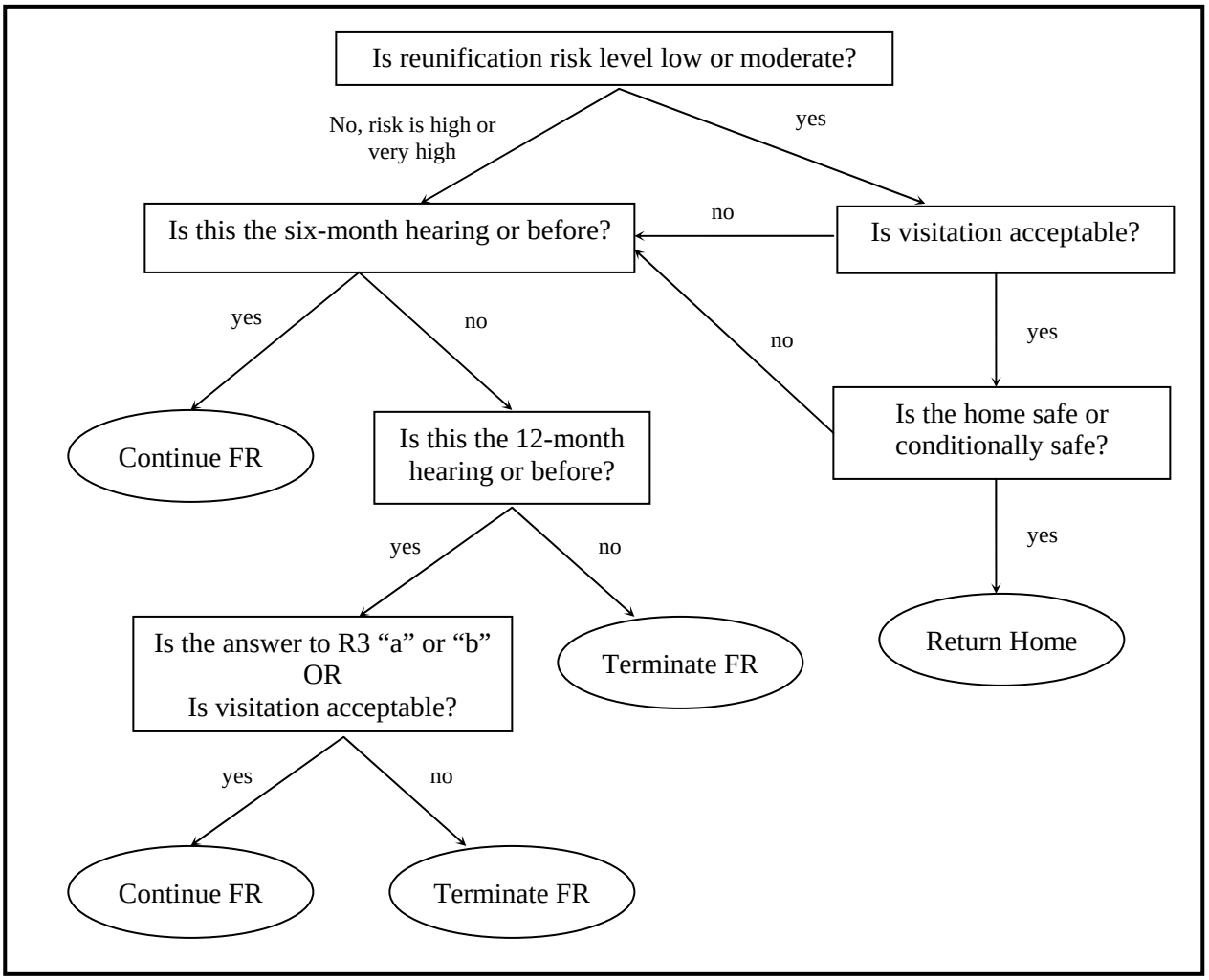
☐ The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change to "Terminate FR"). Specify: _____

Discretionary:

☐ Specify: _____

Change Recommendation to: ☐ Return Home ☐ Continue FR ☐ Terminate FR

Children age three years and older at time of removal



OVERRIDES (select one)

☐ No override applicable (policy or discretionary).

Policy:

☐ Child has been in placement 15 of the last 22 months (change to "Terminate FR").

☐ The tree leads to "Terminate FR" and it is the 12-month hearing or before, BUT there is a probability of reunification within six months (change to "Continue FR").

☐ The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change to "Terminate FR"). Specify: _____

Discretionary:

☐ Specify: _____

Change Recommendation to: ☐ Return Home ☐ Continue FR ☐ Terminate FR

E. RECOMMENDATION SUMMARY

If recommendation is the same for all children, enter "all" under child # and complete row 1 only.

Child #	Recommendation		
	Return Home	**Continue Family Reunification Services**	**Terminate Family Reunification Services; Implement Permanent Alternative**
1.			
2.			
3.			
4.			

F. SIBLING GROUP

If at least one child under the age of three at the time of removal has a recommendation of "Terminate Family Reunification Services" and at least one other child has any other recommendation, will all children be considered a sibling group when making the final permanency plan recommendation?

☐ No

☐ Yes. The recommendation for all children will be "Terminate Family Reunification Services."

* If the decision is to return all children home, complete a safety assessment to document the plan for any children for whom safety threats were identified.

CALIFORNIA
REUNIFICATION SAFETY ASSESSMENT
DEFINITIONS

SECTION 1A: SAFETY THREATS

1. Since the initial safety assessment, caregiver has caused serious physical harm or made a plausible threat to cause physical harm to a child as indicated by:

- Serious injury or abuse to the child other than accidental. The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.

- Caregiver fears he/she will maltreat the child and/or requests that placement continue.

- Threat to cause harm or retaliate against the child. Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS investigation.

- Excessive discipline or physical force. The caregiver has tortured a child or used physical force in a way that bears no resemblance to reasonable discipline or punished the child beyond the duration of the child's endurance.

- Drug-exposed infant. There is evidence that the mother used alcohol or other drugs during pregnancy AND this has created imminent danger to the infant.

  » Indicators of drug use during pregnancy include: drugs found in the mother's or child's system; mother's self report; diagnosed as high risk pregnancy due to drug use; efforts on mother's part to avoid toxicology testing; withdrawal symptoms in mother or child; pre-term labor due to drug use.

  » Indicators of imminent danger include: the level of toxicity and/or type of drug present; the infant is diagnosed as medically fragile as a result of drug exposure; the infant suffers adverse effects from introduction of drugs during pregnancy.

2. The severity of previous maltreatment or the caregiver's response to previous incidents AND current circumstances suggest that the child's safety may be an immediate concern.

There must be both current immediate threats to child safety AND related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.

Previous maltreatment includes any of the following:

- Prior death of a child as a result of maltreatment.

- Prior serious injury or abuse to the child other than accidental—caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child *and requires medical treatment.*

- Failed reunification—the caregiver had parental rights terminated as a result of a prior CPS investigation.

- Prior removal of a child—removal/placement of a child by CPS or other responsible agency or concerned party was necessary for the child's safety.

- Prior CPS substantiation—a prior CPS investigation was substantiated for maltreatment.

- Prior inconclusive CPS investigation—factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.

- Prior threat of serious harm to a child—previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child for previous incidents; prior domestic violence that resulted in serious harm or threatened harm to a child.

- Prior service failure—failure to successfully complete court-ordered or voluntary services.

3. Child sexual abuse was substantiated or is still suspected, and current circumstances suggest that child safety is an immediate concern.

Suspicion of sexual abuse may be based on indicators such as the following:

- The caregiver or others in the household have committed rape, sodomy, or other sexual contact with the child.

- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).

- Access to the child by a possible or confirmed sexual abuse perpetrator exists.

4. Since the initial safety assessment, caregiver has failed to protect the child from serious harm or threatened harm by others, OR current circumstances suggest that the caregiver would likely be unable to protect the removed child from serious harm by others if the child were returned home.

- The caregiver fails to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child. The caregiver would not provide supervision necessary to protect the child from potentially serious harm by others based on the child's age or developmental stage. Harm includes physical or sexual abuse or neglect.

- An individual with recent, chronic, or severe violent behavior resides in the home, or the caregiver allows access to the child.

5. Caregiver's explanation for the injury to the child was, and remains, questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be an immediate concern.

- A medical exam showed that the injury was the result of abuse; the caregiver gave no explanation, denied, or attributed to accident. Medical evaluation indicated that the injury was non-accidental; the caregiver denied or attributed injury to accidental causes.

- The caregiver's explanation for the observed injury was or remains inconsistent with the type of injury.

- The caregiver's description of the cause of the injury minimized the extent of harm to the child.

- The caregiver's and/or collateral contacts' explanation for the injury has significant discrepancies or contradictions. There are significant discrepancies between what the caregiver has said and what other contacts have said about the cause of the injury.

6. The family is refusing access to another child, there is reason to believe that the family is about to flee, or the whereabouts of another child cannot be ascertained.

- The family removed the child from a hospital against medical advice to avoid investigation.

- The family has previously fled in response to a child abuse/neglect investigation.

- The family has a history of keeping the child away from peers, school, or other outsiders for extended periods to avoid investigation.

- The family is otherwise attempting to block or avoid investigation/assessment.

7. Since the initial safety assessment, the caregiver has failed to meet the child's immediate needs for food, clothing, shelter, and/or medical and/or mental health care, OR current circumstances suggest that the caregiver would likely be unable to meet those needs for the removed child if the child were returned home.

- The caregiver has no housing or is currently residing in an emergency shelter. If the child were returned to the caregiver, the child's needs for minimally safe conditions (water, structurally safe environment, protection from severe weather elements) would not be met. If the child were returned to the caregiver, the child would have no or inappropriate space for sleeping, clothing, or food storage.

- The caregiver's home does not have the capacity to keep (refrigeration or heating) food or drink for the child. The child would be starved or deprived of food or drink for long periods of time due to either the caregiver's refusal or inability to provide food or the proper means to keep food, or the conditions of the home prevent the child from having food or drink.

- The caregiver does not have the means to acquire resources to provide the child with clothing that would protect him/her from severe weather elements.

- The caregiver did not seek treatment for the child's immediate medical condition(s) while the child was with him/her for visitation.

- The caregiver did not follow prescribed treatments or administer prescribed medications for the child during visitation.

- The child has exceptional needs that the caregiver did not meet while in his/her care for visitation. Needs include being medically fragile, or needing mental health evaluation or treatment.

- The child is suicidal, and the caregiver did not take protective action to protect the child from self-induced harm during visitation.

- The child showed effects of maltreatment (e.g., emotional symptoms, lack of behavior control, or physical symptoms) during the time the child was with the caregiver for visitation.

8. Physical living conditions in the household are hazardous and immediately threatening based on the child's age and developmental status.

- Leaking gas from stove or heating unit.

- Substances or objects accessible to the child that would endanger his/her health and/or safety.

- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made.

- Open/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.
- Methamphetamine production in the home.

9. Caregiver's substance use is currently and seriously affecting ability to supervise, protect, or care for the child.

There is a current, ongoing pattern of substance abuse that significantly impairs the caregiver's functioning and would negatively affect the child's care and safety if he/she were returned home.

10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.

There is evidence of domestic violence in the home AND this creates a safety concern for the child. Examples may include:

- The child was previously injured in domestic violence incident.
- The child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the home.
- The child would be at potential risk of physical injury.
- The child's behavior would increase risk of injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence.

11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
Examples of caregiver actions include:

- The caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses and/or repeatedly puts the child down.
- The caregiver scapegoats a particular child in the family.
- The caregiver blames the child for a particular incident or family problems.
- The caregiver places the child in the middle of a custody battle.

12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child if the child were returned home.
Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed:

- The caregiver's refusal to follow prescribed medications impedes his/her ability to parent the child.
- The caregiver's inability to control emotions impedes his/her ability to parent the child.
- The caregiver acts out or exhibits a distorted perception that impedes his/her ability to parent the child.
- The caregiver's depression impedes his/her ability to parent the child.
- The caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained, eat neatly, expected to care for younger siblings, or expected to stay alone).
- Due to cognitive delay, the caregiver lacks the basic knowledge related to parenting skills such as:
  - » not knowing that infants need regular feedings;
  - » failure to access and obtain basic/emergency medical care;
  - » proper diet; or
  - » adequate supervision.

SECTION 1B: PROTECTIVE CAPACITIES

Child

1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

- The child has an understanding of his/her family environment in relation to any real or perceived threats to safety and is able to communicate at least two options for obtaining immediate assistance if needed (e.g., calling 911, running to neighbor, telling teacher).

- The child is emotionally capable of acting to protect his/her own safety despite allegiance to his/her caregiver or other barriers.

- The child has sufficient physical capability to defend him/herself and/or escape if necessary.

Caregiver

2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.

The caregiver has the ability to understand that the current situation poses a threat to the safety of the child. He/she is able to follow through with any actions required to protect the child. He/she is willing to put the emotional and physical needs of the child ahead of his/her own. He/she possesses the capacity to physically protect the child.

3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.

The caregiver is cognizant of the problems that have necessitated intervention to protect the child. The caregiver is willing and able to verbalize what is required to mitigate the threats that have contributed to the threat of harm to the child and accepts feedback and recommendations from the worker. The caregiver expresses willingness to participate in problem resolution to ensure that the child is safe.

4. Caregiver has the ability to access resources to provide necessary safety interventions.

The caregiver has the ability to access resources to contribute toward safety planning, or community resources are available to meet any identified needs in safety planning (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).

5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.

The caregiver has a supportive relationship with another family member, neighbor, or friend who may be able to assist in safety planning. Assistance includes, but is not limited to, the provision of child care or securing appropriate resources and services in the community.

6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.

The non-offending caregiver understands that continued exposure between the child and the offending caregiver poses a threat to the safety of the child, and the non-offending caregiver is willing and able to protect the child by ensuring that the child is in an environment in which the non-offending caregiver will not be present. If necessary, the non-offending caregiver is willing to ask the offending caregiver to leave the residence. As the situation requires, the non-offending caregiver will not allow the offending caregiver to have other forms of contact (telephone calls, electronic correspondence, mail, or correspondence through third-party individuals, etc.) with the child.

7. Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.

The caregiver accepts the involvement, recommendations, and services of the worker or other individuals working through referred community agencies. The caregiver cooperates with the continuing investigation/assessment, allows the worker and intervening agency to have contact with the child, and supports the child through all aspects of the investigation or ongoing interventions.

8. There is evidence of a healthy relationship between caregiver and child.

The caregiver displays appropriate behavior toward the child, demonstrating that a healthy relationship with the child has been formed. There are clear indications through both verbal and non-verbal communication that the caregiver is concerned about the emotional well-being and development of the child. The child interacts with the caregiver in a manner evidencing that an appropriate relationship exists and that the child feels nurtured and safe.

9. Caregiver is aware of and committed to meeting the needs of the child.

The caregiver is able to express the ways in which he/she has historically met the needs of the child for supervision, stability, basic necessities, mental/medical health care, and developmental/education. The caregiver is able to express his/her commitment to the continued well-being of the child.

10. Caregiver has history of effective problem solving.

The Caregiver has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbors, and community members. The caregiver has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.

SECTION 2: SAFETY INTERVENTIONS

Safety interventions are actions taken to specifically mitigate any identified safety threats. They should address immediate safety considerations rather than long-term changes. Follow county policies whenever applying any of the safety interventions.

1. Intervention or direct services by worker.
Actions taken or planned by the investigating worker or other CPS staff that specifically address one or more safety threats. Examples include: providing information about non-violent disciplinary methods, child development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining restraining orders; and providing definition of child abuse laws and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE services provided to respond to family needs that do not directly affect safety.

2. Use of family, neighbors, or other individuals in the community as safety resources.
Applying the family's own strengths as resources to mitigate safety concerns; using extended family members, neighbors, or other individuals to mitigate safety concerns. Examples include: family's agreement to use non-violent means of discipline; engaging a grandparent to assist with child care; agreement by a neighbor to serve as a safety net for an older child; commitment by a 12-step sponsor to meet with the caregiver daily and call the worker if the caregiver has used or missed a meeting; or the caregiver's decision to have the child spend a night or a few days with a friend or relative.

3. Use of community agencies or services as safety resources.
Involving community-based organization, faith-related organization, or other agency in activities to address safety concerns (e.g., using a local food pantry). DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

4. Have the caregiver appropriately protect the victim from the alleged perpetrator.
A non-offending caregiver has acknowledged the safety concerns and is able and willing to protect the child from the alleged perpetrator. Examples include: agreement that the child will not be alone with the alleged perpetrator or agreement that the caregiver will restrain the alleged perpetrator from physical discipline of child.

5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
Temporary or permanent removal of the alleged perpetrator. Examples include: arrest of alleged perpetrator; non-perpetrating caregiver "kicking out" alleged perpetrator who has no legal right to residence; perpetrator agrees to leave.

6. Have the non-offending caregiver move to a safe environment with the child.
A caregiver not suspected of harming the child has taken or plans to take the child to an alternate location where there will be no access to the suspected perpetrator. Examples include: domestic violence shelter, home of a friend or relative, hotel.

7. Legal action planned or initiated—child remains in the home.
Legal action has already commenced, or will be commenced, that will effectively mitigate identified safety threats. This includes family-initiated actions (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and CPS-initiated actions (file petition and child remains in the home).

8. Other.
The family or worker identified a unique intervention for an identified safety concern that does not fit within items 1-7.

9. Voluntary placement continues.
A voluntary agreement is signed between the caregiver and the CPS agency. This voluntary agreement is consistent with W&I 11400 (o).

10. Protective custody continues because interventions 1-9 do not adequately ensure child's safety.
One or more children remain protectively placed pursuant to W&I 309.

SECTION 3: SAFETY DECISION

1. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

2. One or more safety threats are present, and protecting safety interventions have been planned or taken. Based on safety interventions, child would be conditionally safe upon return home. SAFETY PLAN REQUIRED.

3. One or more safety threats are present, and continued placement is the only protecting intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

CALIFORNIA
REUNIFICATION REASSESSMENT
POLICY AND PROCEDURES

The purpose of the reunification reassessment is to structure critical case management decisions for children in placement who have a reunification goal by:

1. Routinely monitoring critical case factors that affect goal achievement;
2. Helping to structure the case review process; and
3. Expediting permanency for children in substitute care.

Which Cases: All ongoing cases in which at least one child is in placement with a goal of return home. If more than one household is receiving reunification services, complete one tool on each household.

Who: The ongoing worker.

When: *Division 31 requires a review at least every six months. Each review process should begin with a reunification reassessment and, if required, an FSNA. These SDM assessments should inform recommendations made. To assure that current SDM assessments are available, they should be completed:*

No more than 65 calendar days prior to completing each case plan or recommending reunification or change in permanency planning goal.

Should be completed sooner if there are new circumstances or new information that would affect risk.

Decision: The reunification reassessment guides decision making to:

1. Return a child to the removal household* or to another household with a legal right to placement (non-removal household);

2. Maintain out-of-home placement; and/or

3. Terminate reunification services and implement a permanency alternative.

Appropriate Completion: Following the principles of family-centered practice, the reunification reassessment is completed in conjunction with each appropriate household and begins when a case is first opened. The case plan should be shared with the household at the beginning so that the household understands what is expected. The reunification reassessment form should be shared with the household at the same time so that the household understands exactly what

*Removal household is that household from which the child was removed, or, if due to joint custody that designation is unclear, then the household where the most serious maltreatment occurred is to be designated the removal household. Non-removal households are those with legal rights to the child (father's home, mother's home).

will be used to evaluate reunification potential and the threshold they must reach. Specifically inform them of their original risk level, and explain that this will serve as the baseline for the reunification reassessment (unless a new referral is received, in which case the new risk level will be used). Explain that a new substantiation or failure to progress toward case plan goals would increase their risk level, and that progress toward case plan goals will reduce their risk level. Explain that both the quantity and quality of their visitation will be considered, and that they must attend at least 65% of their visits and have at least adequate quality (provide the definition for adequate quality). Provide information on the reunification safety assessment and explain that if everything else would permit reunification, the final consideration is safety. They must either demonstrate that no safety threats are present or there must be a plan to address any identified safety threats.

A. Reunification Risk Reassessment

R1 - The baseline for all reunification reassessments is the risk level. This is the research-based component of SDM. Generally, the correct risk level will be the final risk level from the original household risk assessment, completed within 30 days of the initial face-to-face contact. However, if a household has experienced one or more subsequent referrals, WHETHER OR NOT THE REFERRAL WAS SUBSTANTIATED, there should be a new risk assessment completed on that household. In this case, enter the most recent risk assessment result. (Do not use a prior risk reassessment or a reunification reassessment risk level.)

R2 - Consider only the period of time between the original assessment (if this is the first reunification reassessment), or the most recent reunification reassessment. If there has been a new SUBSTANTIATION in this period, enter "yes" (score=2). If not, enter "no" (score=0).

R3 - Determine progress toward case plan goals in consultation with the household and all service providers who have been working with the household toward these goals. Consider only the period of time between the original assessment (if this is the first reunification reassessment) or the most recent reunification reassessment. If there are two caregivers and progress differs, score based on the least amount of participation/progress.

Mark the reunification risk level that corresponds to the total score.

Overrides

Consider only the period of time between the original assessment (if this is the first reunification assessment), or the most recent reunification reassessment. Overrides require supervisory approval.

Policy overrides. Indicate if a policy override condition exists. Presence of one or more policy override conditions increases risk to very high.

Discretionary override. A discretionary override is used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the household's actual risk level. Unlike the initial risk assessment, in which the worker could only increase the risk level, the reunification reassessment permits the worker to increase or decrease the risk level by one level. The reason a worker may now decrease the risk level is that after a minimum of six months, the worker has acquired significant knowledge of the household. If the worker applies a discretionary override, the reason should be specified in #5, and the final reunification risk level should be marked.

B. Visitation Plan Evaluation

If visitation frequency and quality were identical for all children in the family, indicate that the matrix applies to all children. If visitation varied among children, complete one matrix for each child.

- Determine visitation frequency. Determine the number of visits that occurred and divide by the number of visits available to the household. Note that this is not necessarily the number of visits required by the case plan. Do not count visits that did not occur for reasons not attributable to the household (e.g., foster parent failed to make child available, transportation the agency was required to provide did not occur).

$$\frac{\text{Actual visits}}{\text{Available visits}} = \text{Visitation frequency}$$

- Determine visitation quality. Consider multiple sources of information including, but not limited to, social worker observation, caregiver report, foster parent report, child report.

On the matrix, locate the row corresponding to the household's visitation frequency and the column corresponding to the household's visitation quality. Place a mark where the row and column intersect. If this mark appears in the shaded area, the household is considered to have adequate visitation. If the mark appears outside of the shaded area, visitation is considered inadequate.

Overrides

Policy overrides. The agency has determined that reunification would not be considered if there is a requirement that all visits be supervised for the child's safety.

Discretionary override. A worker may determine that unusual circumstances exist that warrant changing an adequate response to an inadequate response, or changing inadequate to adequate. The reason for this change must be documented and supervision approval is required (e.g., quality of visit was

strong, and 64% of visits were completed; all missed visits were due to documented medical emergencies).

C. Reunification Safety Assessment

Consider how safe the child would be if he/she were to be returned home at this time. Consider current conditions in the home, current caregiver characteristics, child characteristics, and interactions between caregivers and child during visitation. Note that safety threat items are the same as on the original safety assessment but may have slight variations to reflect the decision at hand.

Prior to assessing the current safety, the worker should review the safety assessment that led to removal.

Indicate (mark) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

The reunification safety assessment consists of the following sections:

1A. Safety Threats. This is a list of critical threats that must be assessed by every worker in every case. These threats cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable safety threat can be anticipated or listed on a form, an "other" category permits a worker to indicate that some other circumstance creates a safety threat; that is, there is something other than the listed categories causing the worker to believe that the child would be in immediate danger of being harmed.

Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 safety threats and accompanying definitions. For each item, consider the most vulnerable child. If the safety threat is present, based on available information, mark that item "yes." If the safety threat is not present, mark the item "no." If there are circumstances that the worker determines to be a safety threat, and these circumstances are not described by one of the existing items, the worker should mark "other" and briefly describe the threat.

1B. Protective Capacities. Mark any of the listed protective capacities that are present. Consider information from home visits; worker observations; interviews with children, caregivers, and collaterals; and/or review of records. For "other," consider any condition that exists that does not fit within one of the listed categories, but its presence is capable of supporting protective interventions for the safety threats identified in Section 1A.

1C. Safety Threat Resolution. If there were any safety threats marked on the safety assessment that led to removal that were NOT marked at this time, state the item and document evidence that shows how the safety threat was resolved and supports that it is no longer a safety threat.

2. Safety Interventions. This section is completed only if one or more safety threats are identified in Section 1A. If one or more safety threats are present, it does not automatically follow that a child must remain in care. In many cases, it will be possible to initiate a temporary plan that will mitigate the safety threat(s) sufficiently so that the child may return home and receive continuing family maintenance services. Consider the relative severity of the safety threat(s), the caregiver's protective capacities, and the vulnerability of the child.

The safety intervention list contains general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety threat(s) and whether there is reason to believe the caregiver will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention, the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the caregiver would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not the case plan – it is not intended to "solve" the household's problems or provide long-term answers. A safety plan permits a child to return home while services continue.

If one or more safety threats are identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will remain in placement.

If one or more interventions will be implemented, mark each category that will be used. If there is an intervention that will be implemented that does not fit in one of the categories, mark line #8 and briefly describe the intervention. Safety intervention #10 is used only when a child is unsafe and only a continued placement can ensure safety.

When assessing the appropriateness of safety interventions, it is critical to review the assessed protective capacities in section 1B. For example, if protective capacity #2 (caregiver has cognitive, physical, and emotional capacity to participate in safety interventions) is not

marked, the rationale for implementing any safety interventions to keep the child in the home must be clearly documented.

3. Safety Decision. In this section, the worker records the result of the safety assessment. There are three choices:

    1. Mark this line if no safety threats are identified. SDM guides the worker to recommend return home.

    2. If one or more safety threats are identified and the worker is able to identify sufficient safety interventions that lead him/her to believe the child may return home once interventions are in place, this line is marked. A SAFETY PLAN IS REQUIRED PRIOR TO RETURNING THE CHILD HOME.

    3. If the worker determined that the child could not be safely returned home even after considering a complete range of interventions, this line is marked. It is possible that the worker will determine that interventions make it possible for one child to return home while another must remain in placement. Mark this line if ANY child remains in placement.

Accurate completion of the safety assessment adheres to the following internal logic:

- If no safety threats are marked, there should be no interventions marked, and the only possible safety decision is "1. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm."

- If one or more safety threats are marked, there must be at least one intervention marked, and the only possible safety decisions are:

    » "2. One or more safety threats are present, and protecting safety interventions have been planned or taken. Based on safety interventions, child would be conditionally safe upon return home"; or

    » "3. One or more safety threats are present, and continued placement is the only protecting intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm."

- If one or more interventions are marked AND placement is not marked as an intervention, the safety decision that should be marked is "2. One or more safety threats are present, and protecting safety interventions have been planned or taken. Based on safety interventions, child would be conditionally safe upon return home." Continued placement should not be marked as an intervention if other interventions are marked.

- If placement is marked as an intervention, the safety decision must be "3. One or more safety threats are present, and continued placement is the only protecting intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm."

Safety Plan. Individual counties should use their own safety plan form. The following must be included in any safety plan:

1. Each safety threat chosen in Section 1A.

2. Information written in a family-friendly manner.

3. Detailed information for each planned safety intervention.

4. Information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action).

5. Signatures of family members, the worker, and his/her supervisor.

A SAFETY PLAN IS REQUIRED WHEN SAFETY DECISION IS #2.

Note: The safety plan should be documented in the investigative contact in CWS/CMS.

The safety plan MUST be completed with the family and may be completed with a team. At least one caregiver and children old enough to understand should sign the plan, and a copy should be left with the family.

D. Placement/Permanency Plan Guidelines

After completing the reunification risk reassessment, visitation plan evaluation, and reunification safety assessment (if indicated), select the appropriate decision tree, based on the child's age at the time of removal.

Begin at the top of the tree. Proceed to the left if the reunification risk level is high or very high, and to the right if the reunification risk level is low or moderate.

If reunification risk level is low or moderate, AND visitation is NOT acceptable (based on visitation evaluation matrix) OR child is NOT safe (based on reunification safety assessment), join the path on the left.

Continue following the pathway until a termination point is reached. Termination points include:

- Return home
- Continue family reunification services
- Terminate family reunification services; implement permanency alternative

Overrides

Consider whether any overrides are applicable. If no overrides apply, mark "No overrides applicable (policy or discretionary)." If an override will be applied, indicate whether it is a policy or a discretionary override and mark the specific reason.

For children under age three years at time of removal, policy overrides include the following:

- The child has been in placement for 15 of the last 22 months (change to "Terminate FR").
- The tree leads to "Terminate FR" and it is the six-month hearing or before, BUT there is a probability of reunification within six months (change to "Continue FR").

  Note: There is a probability of reunification within six months when:

  - » The caregiver has consistently and regularly contacted and visited the child.
  - » The caregiver has made substantial progress in resolving problems that led to the child's removal from home.
  - » The caregiver has demonstrated the capacity and ability both to complete the objectives of his or her treatment plan and to provide for the child's safety, protection, physical and emotional well-being, and special needs. Based on W&I 366.21(g)(1) (A-C).

- The tree leads to "Continue FR," but conditions exist to recommend termination of FR (change to "Terminate FR").
  Specify:_____

Note: Conditions exist to recommend termination.

» The child was removed under section 300 (g) (abandonment) and whereabouts of the caregiver are still unknown.

» The caregiver has failed to contact and visit the child.

» The caregiver has been convicted of a felony indicating parental unfitness. Based on W&I 366.21(e).

For children age three years and older at time of removal, policy overrides include:

- The child has been in placement for 15 of the last 22 months (change to "Terminate FR").

- The tree leads to "Terminate FR" and it is the 12-month hearing or before, BUT there is a probability of reunification within six months (change to "Continue FR").

  Note: There is a probability of reunification within six months when:

  » The caregiver has consistently and regularly contacted and visited the child.

  » The caregiver has made substantial progress in resolving problems that led to the child's removal from home.

  » The caregiver has demonstrated the capacity and ability both to complete the objectives of his or her treatment plan and to provide for the child's safety, protection, physical and emotional well-being, and special needs. Based on W&I 366.21(g)(1) (A-C).

- The tree leads to "Continue FR" but conditions exist to recommend termination of FR (change to "Terminate FR").
  Specify: _____

  Note: Conditions exist to recommend termination.

  » Child was removed under section 300 (g) (abandonment) and whereabouts of the caregiver are still unknown.

  » Caregiver has failed to contact and visit child.

  » Caregiver has been convicted of a felony indicating parental unfitness. Based on W&I 366.21(e).

Discretionary Override. Unique considerations exist that warrant an alternative decision. If yes, indicate the permanency plan goal that is being recommended (Return Home, Continue FR, Terminate FR).

E. Recommendation Summary

The SDM recommendation summary is designed to record worker decisions. In addition to the SDM reunification reassessment, the worker should consider all relevant Division 31 regulations and Welfare and Institution Code statutes and should consult with his/her supervisor.

For each child being assessed, record the final recommendation.

F. Sibling Group

This section applies only if at least one child under the age of three at the time of removal was recommended for termination of reunification services, and at least one other child has any other recommendation.

Mark "yes" if all siblings will be considered as a group. Mark "no" if siblings will be assessed individually.

If yes, the recommendation for all children will be "terminate reunification services."

APPENDIX

FAMILY STRENGTHS AND NEEDS ASSESSMENT/CASE MANAGEMENT SYSTEM SERVICE OBJECTIVES MAP

CALIFORNIA
FAMILY STRENGTHS AND NEEDS ASSESSMENT/CASE MANAGEMENT SYSTEM
SERVICE OBJECTIVES MAP

Instructions: After identifying priority needs using the SDM family strengths and needs assessment, locate each priority need in column one. Identify the service objective(s) from column two that best applies to this family (service objectives are those appearing in the CWS/CMS drop-down menu). Bold items directly and/or fully correspond to the family strengths and needs assessment item. Remaining items indirectly and/or partially correspond to the family strengths and needs assessment item.

When you open the CWS/CMS service objectives drop-down menu, you may click on the objectives selected.

If completing the contributing factor and/or strength screens in CWS/CMS, proceed as above, using the corresponding columns in this table.

Family Strengths and Needs Assessment Priority Need	**Service Objective (select one or more most appropriate)**	**Contributing Factor**	**CMS Strength**
SN1. Substance Abuse/Use	**Do not abuse alcohol.** **Do not abuse drugs.** Able and willing to have custody. Acquire adequate resources. Do not neglect your child's needs. Do not physically abuse your child. Do not sexually abuse your child. Eliminate danger to physical health. Have no contact with child. Improve basic self care, grooming, dressing, and hygiene. Monitor child's health, safety, and well-being. Obtain/maintain legal source of income.	**Parent skills hindered by alcohol abuse.** **Parent skills hindered by drug abuse.** Child born with drugs in his/her system. Child has no caregiver. Parent unable/unwilling to supervise child.	**Free from alcohol/drug dependency.** Appropriate involvement with child.
SN2. Household Relationships/ Domestic Violence	**Develop supportive interpersonal relationships (detail should describe application to household).** Control anger/negative behavior. Treat others with respect. Protect yourself from abusive partner.	Family boundaries rigid/punitive. Minor mother cannot live with parents. Parent does not control anger. Parent has no support system (specify within home). Parent has unsafe associations/activities in home. Parent is co-dependent and affects parenting. Parent lacks conflict resolution skills. Parent unable to cope due to family/personal crisis. Family lacks a safe home. Parent has a history of abusive behavior. Parent has a history of being abused.	Absent parent supportive. Insight into family problems. Intact family. Motivated to solve problems. Willingness to change.

Family Strengths and Needs Assessment Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
SN3. Social Support System	**Develop supportive interpersonal relationships (detail should describe application to extended family and community).** Acquire adequate resources. Arrange child care/support during your absence.	**Parent has no support system.** **Child at risk due to isolation by caregiver.**	**Community support utilized.** **Extended family/friend support.** Social skills.
SN4. Parenting Skills	**Do not neglect your child's needs.** **Do not physically abuse your child.** **Do not sexually abuse your child** **Do not use physical punishment.** **Provide appropriate/adequate parenting.** Able and willing to have custody. Ensure school attendance. Know age-appropriate expectations. Monitor/correct child's behavior. Monitor child's health, safety, and well-being. Positive interaction with child during visits. Protect child from contact with abuser. Protect child from emotional harm. Protect child from physical abuse. Protect child from sexual abuse. Provide care for child's special needs. Provide emotional support for child.	**Abusive behavior indicates escalating risk.** **Parent lacks parenting skills.** Lack of parent/child bonding/involvement. Parent developmental disability hinders ability to parent. Parent mental health hinders ability to parent. Parent skills hindered by alcohol abuse. Parent skills hindered by drug abuse. Parent skills hindered by immaturity. Parent is co-dependent, which affects parenting. Parenting role reversal between parent and child. Parent unable/unwilling to supervise child.	**Parenting skills.** Appropriate involvement with child. Awareness of age-appropriate development. Disciplines appropriately. Good parent/child bonding. Realistic expectations of child.
SN5. Mental Health/ Coping Skills	**Stabilize mental health.** Able and willing to have custody. Improve basic self care, grooming, dressing, and hygiene. Take responsibility for actions.	**Parent mental health hinders ability to parent.** **Parent unable to cope due to family/ personal crisis.** Child has no caregiver. Parent has poor impulse control. Parent is co-dependent, which affects parenting. Parent unable/unwilling to supervise child.	**Emotionally healthy.** Goal setting/planning skills. Insight into family problems. Motivated to solve problems. Positive attitude. Self-esteem.

Family Strengths and Needs Assessment Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
SN6. Resource Management/ Basic Needs	**Acquire adequate resources.** **Maintain suitable residence for child.** **Obtain/maintain legal source of income.** Able and willing to have custody. Acquire basic cooking skills. Acquire basic skills to seek employment. Acquire shopping, budgeting, and money management skills. Do not neglect your child's needs. Eliminate danger to physical health. Improve basic self care, grooming, dressing, and hygiene. Provide care for child's special needs. Will complete vocational training.	**Family has no income.** **Family lacks a safe home.** **Parent has inadequate resources to meet needs.** Lack of housekeeping knowledge/skills. Parent has lack of job skills.	**Housing adequate.** **Income source adequate.** Child care adequate. Clean/safe home and yard. Employed. Medical care adequate. Personal hygiene adequate. Transportation available.
SN7. Cultural Identity	**Acquire adequate resources (detail should describe application to cultural/ community resources).**	**Parent has no support system.** Child's associations affect parent's ability to supervise child. Minor mother cannot live with parents.	**Community support utilized.** **Extended family/friend support.**
SN8. Physical Health	**Eliminate danger to physical health.** **Improve basic self care, grooming, dressing, and hygiene (detail should describe application to self-physical care).** Able and willing to have custody.	**Parent unable to cope due to family/personal crisis.** **Parent unable/unwilling to supervise child.**	**Physically healthy.** Medical care adequate.
CSN1. Emotional/Behavioral	**Monitor/correct child's behavior.** **Provide emotional support for child.** **Stabilize mental health.** Accept disclosure made by child. Child to abide by placement rules. Child to cooperate with child welfare worker. Control anger/negative behavior. Improve basic self care, grooming, dressing, and hygiene. Maintain problem-free school behavior. Monitor child's health, safety, and well-being. Protect child from emotional harm. Provide care for child's special needs. Take responsibility for actions. Treat others with respect.	**Child's behavior threatens siblings.** **Child's behavior affects parent's ability to cope.** Child born with drugs in his/her system. Child's associations affect parent's ability to supervise child.	**Emotionally healthy.** Positive attitude. Self esteem.

Family Strengths and Needs Assessment Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
CSN2. Physical Health/Disability	**Provide care for child's special needs.** **Eliminate danger to physical health.** **Monitor child's health, safety, and well-being.** Able and willing to have custody. Arrange child care during your absence (detail should describe application to specialized care). Do not neglect your child's needs (medical/health needs).	**Child's disability affects parent's ability to cope.** Child born with drugs in his/her system. Parent has inadequate resources to meet needs. Parent not cooperating (with medical treatment) indicates risk to child. Parent unable to cope due to family/personal crisis.	**Medical care adequate.** **Physically healthy.** Child care adequate.
CSN3. Education	**Ensure school attendance.** **Attend school regularly.** **Complete homework.** Prepare for independent living. Will complete vocational training. Will remain in school until graduation.	Child's behavior affects parent's ability to cope.	**Child doing well in school.**
CSN4. Family Relationships	**Develop supportive interpersonal relationships.** Accept disclosure made by child. Allow victim confrontation. Control anger/negative behavior. Have no contact with child. Positive interaction during child visits. Refrain from domestic violence. Treat others with respect.	**Child has no caregiver.** **Family boundaries rigid/punitive.** **Lack of parent/child bonding/ involvement.** Child at risk due to isolation by caregiver. Minor mother cannot live with parents. Parent has unsafe associations/activities in home. Parent is co-dependent, which affects parenting. Parent lacks conflict resolution skills. Parenting role reversal between parent and child.	**Appropriate involvement with child.** **Good parent/child bonding.** **Relates appropriately to parents/adults.** Insight into family problems. Intact family. Absent parent supportive.
CSN5. Child Development	**Provide care for child's special needs.** Know age-appropriate expectations. Prepare for independent living.	**Child's disability affects parent's ability to cope.** **Parent unable/unwilling to supervise child.** Child born with drugs in his/her system. Child at risk due to isolation by caregiver. Lack of hygiene knowledge/skills. Parent has inadequate resources to meet needs. Parent has no support systems.	**Awareness of age-appropriate development.** Personal hygiene adequate. Realistic expectations of child.

Family Strengths and Needs Assessment Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
CSN6. Substance Abuse	**Do not use drugs.** **Do not use alcohol.**	**Child's behavior affects parent's ability to cope.** Child's associations affect parent's ability to supervise child.	**Free from alcohol/drug dependency.**
CSN7. Cultural Identity		Child's associations affect parent's ability to supervise child.	**Community support utilized.** **Extended family/friend support.**
CSN8. Peer/Adult Social Relationships	**Develop supportive interpersonal relationships.** Control anger/negative behavior. Positive interaction during child visits. Treat others with respect.	**Child's associations affect parent's ability to supervise child.** Child at risk due to isolation by caregiver.	**Social skills.**
CSN9. Delinquent Behavior	**Do not break the law.** Comply with court orders. Control anger/negative behavior. Take responsibility for actions.	**Child's behavior affects parent's ability to cope.** Child's associations affect parent's ability to supervise child.	**Law abiding.** Willingness to change.

Process Objectives

Comply with visitation.
Maintain placement with potential legal guardian.
Maintain long-term placement for the child.
Obtain/finalize adoption.
Obtain/finalize guardianship requirements.